THE

MEDICAL BULLETIN:

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

VOL. XII. PHILADELPHIA, APRIL, 1890. No. 4.

ORIGINAL COMMUNICATIONS.

*THERAPY OF BELLADONNA.**

BY JOHN V. SHOEMAKER, A.M., M.D.,
AND
JOHN AULDE, M.D.

A STUDY of the therapeutical applications of belladonna is indeed a difficult task, and in the preceding remarks upon its pharmacology an attempt has been made to point out those peculiar but prominent physiological and toxicological effects which will serve to elucidate the principles to be followed, and, so far as possible, assist in unraveling the tangled skein of evidence which has accumulated, without entering too minutely into the discussion of the contradictory statements regarding points still in dispute. The most prominent indication for the employment of this drug appears to be in the treatment of *spasmodic affections*, and, as many of them are either directly or indirectly connected with the *respiratory apparatus*, it seems convenient to take that class of cases as a whole.

Asthma is the first affection which attracts our attention, hence its application because of its influence upon involuntary muscle. For this disorder it may be given internally, but there is a consensus of opinion that better results follow its hypodermatic use. The latter method is far more rapid in controlling spasmodic cases, and the effect is often continued for some days; but, as many patients are unwilling to have these injections repeated at frequent intervals, the action of the drug may be maintained by the use of cigarettes made of the leaves, either alone or mixed with stramonium or hyoscyamus leaves. Some practitioners prefer to make a combination with tobacco, to which a small quantity of nitre is added, when the whole may be put in a pipe and smoked like ordinary tobacco. The authors have seen remarkably good results follow this plan of treatment, to which may be added the internal exhibition of preparations of lobelia, potassium iodide, or arsenic.

Other spasmodic neuroses will often show a favorable tendency from the use of belladonna, as nervous cough, the cough of habit, which may be a sequela of whooping-cough, or it may be a reflex cough from uterine disease. It is also useful in *whooping-cough* conjoined with counter-irritants along the spine, as amber-oil; and will be found of advantage in hiccough and in cases of laryngismus stridulus. Belladonna has likewise been found of service in the treatment of spasm which results from nerve-wounds, and that form of spasm which depends upon the presence of a rheumatic diathesis. Its employment in the treatment of palpitation has already been referred to, but it should be added that the belladonna plaster will often prove most acceptable for the relief of *cardiac neuroses* such as occur in the course of long-continued disease, as typhoid fever, rheumatism, phthisis pulmonalis, and the peculiar irritability which accompanies aneurism, thoracic and abdominal, as well as that which occurs as an accompaniment of anæmia. The use of belladonna plaster is highly recommended in cases of *angina pectoris*, but, of course, this method of procedure is but a temporary expedient, and is not curative in the strict sense of the term.

* Published from advance sheets of "A Treatise on Materia Medica, Pharmacology, and Therapeutics."

In *chronic bronchitis* with profuse secretion belladonna arrests the secretion, while, through its action upon the nervous tissues, the sense of breathlessness is overcome, and it will often be found a valuable adjuvant in the treatment of this disease. The same law applies to the treatment of caseous pneumonia, and, combined with arsenical preparations and suitable blood-tonics, the results in these cases will often be surprising. Belladonna has even been recommended for the cure of caseous phthisis, but allowance must be made for errors in diagnosis, although much can be accomplished when proper attention is given to nutrition. An item going to show the value of belladonna in pulmonary affections should be mentioned. Stirling reported to the Medical Society of Victoria, Australia, the case of a patient suffering from obstinate *pulmonary hæmorrhage*, where ergot and other drugs had been tried without success, in which he used atropine hypodermatically, $\frac{1}{150}$ grain every six hours, and was thus enabled to control the hæmorrhage and save the patient's life. After a period of twenty-four hours, believing that the arrest of the hæmorrhage might have been incidental, the atropine was discontinued for a period of twelve hours, when it again re-appeared, but was promptly arrested by renewing the injections as in the first instance.

Occasionally, the physician will meet with cases of *false croup* which present the most threatening symptoms, but these need not cause unnecessary alarm, as its onward progress can be controlled by the judicious exhibition of small doses of atropine. A tablet containing $\frac{1}{2000}$ grain should be dissolved in 4 ounces of water, the dose of which will be 1 teaspoonful every ten minutes for an hour, and every hour thereafter until the morbid process is arrested. The dose, of course, is infinitesimal, but the effects are strictly in accord with the principles laid down in the section on pharmacology. The tendency is to use doses that are too large in this disease, by which we overstep the therapeutical boundaries, and precipitate upon the patient the toxicological effects of the drug. The same method of treatment is sometimes—very often, in fact—productive of the most brilliant results in the treatment of ordinary *sore-throat*, merely the local manifestation of "taking cold," which affects the whole system, in which the local and systemic action of the drug is seen at its best. This plan can be carried out in all its details in the treatment of subacute attacks of *nasal and pharyngeal catarrh*, but, of course, to be successful, the treatment must be persisted in for more than a single day. Persistent *aphonia*, such as is frequently seen in young and anæmic girls, who are subject to attacks of dysmenorrhœa, and who lose their voice from the effects of a bad cold, will generally recover in the course of one night after following the simple method here outlined for one day. As these cases are sometimes seen in married women who suffer more or less from uterine troubles, the same treatment will be found efficient for them, and apparently furnishes the best evidence of the benefits to be derived from experimental studies inaugurated to determine the physiological action of drugs.

In all cases of *colic*—biliary, renal, uterine—and in spasm of the urethra, the employment of belladonna should be duly considered, but, for the most part, it will be best to adopt the hypodermatic method, as relief will be afforded more promptly than if taken internally. When, however, the drug can be applied locally this will be unnecessary, as in the case of spasm of the urethra, where the ointment can be applied to a bougie and the affected portion reached directly.

Certain disorders of the *alimentary tract* are especially amenable to the use of belladonna, first among the number being *mercurial salivation*, in which case substantial doses must be exhibited, but to obtain the best results the drug should not be too long continued. The secretions arrested are abnormal, and, undoubtedly, when retained in the system, they will produce more or less poisonous effects, and we shall thus have to contend with two affections. To obviate this complication, the drug should be discontinued after two or, at most, three days, and should not be commenced again until a re-establishment of the salivary secretion. Its employment as an adjuvant to purgatives has already been discussed in the section on pharmacology. Just as in hyperidrosis, when belladonna is used to control an unhealthy secretion, so in colliquative diarrhœa it may also be adopted as a means of arresting an abnormal secretion, and, while a moderately full dose is recommended, it should not be too large. For this disease, the small doses at short intervals appear to have the best effect.

Some *general indications* for the employ-

ment of belladonna may be summarized as follows: It will be of benefit in cases of irritability of the *bladder*, whether or not accompanied by incontinence, but should not be used to the exclusion of hyoscyamus, which is often more valuable than belladonna. As a preliminary to *anæsthesia* the value of belladonna in the form of atropine, either hypodermatically or by the mouth, has long been recognized as an established custom. When the patient about to be anæsthetized is nervous, and there are signs of arythmia, it will be advisable to administer a small amount of atropine alone or in combination with morphine before anæsthesia. While belladonna has enjoyed a reputation as a remedy in the treatment of *erysipelas*, there is doubt as to its possessing the special powers ascribed to it. In the early stages of *scarlet fever* it will be useful, owing to its favorable effect upon the throat, coupled with its known property of affecting the cutaneous system and hastening the eruption. The indications therefore point to its administration to meet these two special demands: local pain and delayed eruption. Possibly it may possess some prophylactic value through its influence upon the faucial mucous membrane, but this is extremely doubtful, unless, perchance, the development of this disease depends upon the presence of a germ, and in that case other remedies would doubtless prove more efficient than belladonna.

There can be no question as to its value, however, in scarlet fever, pneumonia, typhoid fever, and in other diseases where we have to counteract the effects of *lowered temperature* and great depression of the vital powers. Although belladonna must not be used to the exclusion of diffusible stimulants and preparations of strychnine, it will be found a most valuable accessory by reason of its influence in elevating the temperature. There is a form of *sick headache* which apparently depends upon an irregular distribution of the blood in the cerebral tissues, which belladonna promptly relieves for the time. The cases in which it is indicated are characterized by pallor of the face, irregularity of the pulse, and mental hebetude, and present a marked contrast with those where nitro-glycerin is indicated. In this connection may be mentioned also the fact that it possesses *hypnotic* properties in the class of cases described, but they are, of course, of secondary importance.

When used to cause *dilatation of the pupil*, atropine should be employed in weak solution, say, about one tenth grain to the ounce; the solution ought to be freshly prepared, and the instillation practiced 1 drop at a time, at intervals of five minutes, until 2 or 3 drops have been employed, and in the course of an hour sufficient dilatation of the pupil will have taken place to enable the fundus of the eye to be examined. Injuries of the eye which threaten to involve the iris and cause adhesions will be benefited and the dangers avoided by the timely use of atropine in the manner described, and where this does not suffice to allay the pain, a drop or two of a 4 per cent. solution of cocaine may be added. Homatropine hydrobromate or benzol-tropine may wisely be permitted to take the place of atropine.

The use of belladonna in *skin diseases* should also receive brief notice. Possessing anodyne properties, its use would be indicated in all cases where there is pain, but, as constitutional effects are liable to arise from its local application, this plan could not safely be adopted when large areas are affected. In certain debilitated conditions of the system the cutaneous envelope appears to suffer from want of proper nutrition, and belladonna may be used with a view to increase the peripheral supply of blood; but, as this drug may cause derangements of the nervous system, its exhibition is not always available. In addition to its employment in hyperidrosis, previously mentioned, it may be administered in urticaria, and if the surface involved be not too great it can be applied locally,—either the ointment or the ointment of the oleate. The same plan may be adopted in the treatment of prurigo, herpes, and herpes zoster, and in cases of erythema and eczema which resist the usual methods of treatment. To arrest *excessive sweating*, whether general or local, belladonna is one of our most efficient remedies. For those cases involving the entire body the hypodermatic method commends itself, but for local sweating, as the hands or feet, its topical use will generally be sufficient; but caution is necessary to avoid constitutional effects.

Topical applications not already noted will include the following: To arrest the *secretion of milk* the breast should be thoroughly washed, when the liniment can be applied with a camel-hair brush, but under no circumstances should

the gland be rubbed with the hand to overcome hardness, or to cause penetration of ointments. The internal use of the active principle may be conjoined to the local use, or the two may be cautiously alternated. In the treatment of *hæmorrhoids* and anal fissure, a small quantity of belladonna may be added to the teucrium scordium ointment or chrysarobin in order to secure its local anodyne effect. The ointment or the plaster may be used to allay the local irritation produced by *boils*, *abscesses*, and carbuncles, and a valuable addition will be found in chloral hydrate, which may be combined with the liniment and applied with a brush. The plaster or liniment just described will be found of service in the treatment of *intercostal neuralgia* and other forms of neuralgia, and for the relief of the pains resulting from pleuritic adhesions; but too large a surface must not be covered at one time.

The *hypodermatic use* of this drug has already been mentioned, and it remains to add a few words concerning the method of preparing these injections to avoid septic influences, while insuring a product that is at all times reliable. As a rule, solutions are not well adapted for general use owing to their tendency to undergo decomposition; putrefactive changes cannot well be avoided without the addition of alcohol, but that ingredient becomes a source of local irritation. It will be found most satisfactory to use tablets, each containing the exact amount of the drug, or, where a combination is wanted, the exact amount of each of the drugs; and, as such preparations will keep in all climates, their ready solution is effected by a small quantity of hot water, and causes no delay in medication. The subcutaneous use of atropine includes the treatment of *tic douloureux and sciatica*, but the solution must be deposited in the neighborhood of the affected nerve. The method sometimes affords prompt relief in insomnia, delirium tremens, asthma, and colic.

CORPOREAL ENDOMETRITIS.

By E. L. B. GODFREY, M.D.

WHEN corporeal endometritis is once well established, there exists but little tendency to recovery without treatment.

Unlike an acute inflammation, the disease does not pass through specific stages and then end in recovery, but extends to the utricular glands and sets up a condition of hypertrophy, passive congestion, and hypersecretion. It is the tendency of the disease to continue until the menopause, at which time it may give rise to complications that otherwise would not occur. Its treatment calls for a thorough investigation and examination of the patient. If the cause lies in imperfect development, impaired general health, or in displacement or disease of the uterus, conjoint efforts to effect a cure should be directed to those conditions. Ordinarily, the disease results from complications in labor, miscarriage, or deranged menstruation. Gonorrhœa is by no means an uncommon cause, and its effects are frequently more disastrous to the functional powers of the ovaries and the tubes than to the uterus itself.

Topical applications to the mucous membrane of the body of the uterus are required, but those agents should not be of a destructive character. Applications of nitric and chromic acid and the employment of the galvano-cautery are objectionable, however great may be their value in the treatment of a malignant disease of the uterus. Tincture of iodine, 2 parts, to 1 part of carbolic acid makes a good solution for intra-uterine application. The application of the solution by means of an applicator wrapped with cotton is unsatisfactory and objectionable, for the reasons that the solution is, in part, squeezed from the cotton and deposited about the external os in its passage through the canal of the neck of the uterus, while the lining of the neck is apt to be injured from the passage of the cotton. The solution is best applied by means of a glass tube, to which is attached a rubber bulb. This, with the solution, is passed through the internal os, and, as it is withdrawn, pressure is made upon the bulb and from 8 to 10 drops of the solution ejected from the instrument into the uterine cavity. After a time the instrument may be passed as high as the fundus of the uterus.

This treatment, as a rule, will give the best results. But its employment is not without danger, especially in causing uterine colic. It is, perhaps, best that other means should be tried before its employment. But when this course has been decided on it is important to know that the uterus is near its normal position, so that the solution may not gravitate to

the fundus, as would be the case in strong retroflexion, and that the cervix uteri is sufficiently dilated to allow the solution to escape should it have been used in excess of the proper quantity.

COOPER HOSPITAL, CAMDEN, N. J.

WHAT KIND OF INSTRUMENTS ARE DEMANDED BY MODERN SURGERY?

BY J. W. LONG,
RANDLEMAN, N. C.

THIS is an important question: for the Israelites could no more make brick without straw than we can meet the requirements of the surgery of to day with the old-style instruments. I refer particularly to the "make" of instruments, *e.g.*, I do not mean that in modern surgery we do not need a scalpel as heretofore, but that the old fashioned scalpel, with a horn or wooden handle, will not "pass muster." 'Tis not the instrument itself, but the way in which it is made that I desire to call special attention to in this paper. We hear a great deal about chemical antiseptics and aseptic methods—and properly so, for these things are opening up possibilities that astonish even the most sanguine; at the same time we overlook, to a large degree, the absolute necessity of having the tools with which we work in harmony with the end to be attained. In striving for aseptic results we use non aseptic instruments. We abuse midwives for carrying around old, dirty catheters, conveying septic matter hither and thither; we sometimes have septic fever after an operation, and blame our assistants or the nurse; while, if we would look into our operating cases, we would find scarcely a single instrument that could be rendered genuinely aseptic. I do not think this state of things is universally so, for all along the front line of operators are men who are wide awake to the importance of this matter, and are striving continually for perfection.

But I believe it to be true that the rank and file of the profession do not appreciate the necessity of aseptic instruments as they should. The ideal instrument is one that can be used in a septic case and afterward easily cleaned, so that it may be used in a non-septic case without fear of contamination. I emphasize "easily cleaned," because an instrument that is troublesome to clean is generally not cleaned at all; for we have not time to sit down and spend a great while taking an instrument apart and putting it together for the purpose of cleaning it. With these introductory remarks, let us proceed to enter into details concerning the way an instrument should be made.

FIG. 1.

HANDLES.

Formerly, all instruments had either metal, horn, shell, or wooden handles. The three latter kinds of handles are emphatically objectionable.

Horn makes a very pretty handle for a scalpel, but after a little use, or putting in hot water, the jaws spring away from the shank, leaving crevices that no amount of scrubbing or antiseptics can render aseptic. The same objection holds here of shell handles.

FIG. 2.

The above (Fig. 1), a wooden handle, is worse than horn, because wood is softer than horn, and allows the rivets or screws, which are necessarily used to fasten the sides of the handle to the shank, to work loose. Even a wooden handle consisting of a single piece, with the shank inserted in the end, as in Fig. 2, will not do, for if used much it invariably gets loose, and constitutes a course of danger. Besides, there is such a temptation for the manufacturer to *chequier* the handle (Fig. 2), to make it look pretty! Metal handles are the best, provided they are solid and perfectly smooth, as the bone-forceps shown in Fig. 3, and not made rough with crossing, as the handles in Figs. 4 and 5. In fact, as far as practicable, every part of an instrument

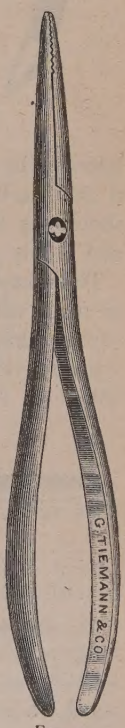

FIG. 3.

should be perfectly smooth; even the name of the manufacturer should not appear on it, unless, in case of a metal handle, the

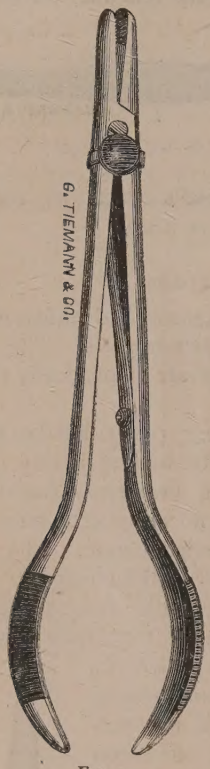

FIG. 4.

FIG. 5.

lettering be reduced to the merest tracing; or, if the handle be of baked rubber, the letters should be filled with a gold-colored substance and highly polished, as is illustrated in Fig. 6.

Those instruments that cannot, for any reason, be made with metal handles must have baked-rubber handles. In this kind of handles there are no screws or rivets used, the rubber being baked on the shank. Figs. 6, 7, and 8 are

FIG. 6.

beautiful illustrations of the baked-rubber handles; not a ring-rim, crevice, or screw head to lodge septic matter. An instrument with such handle can be used in a septic case, and afterward rendered aseptic with little trouble. This handle will withstand the effects of boiling water, which we all know is the best antiseptic in the world. There is a story told of a mechanic who thought to devise a plan for making rubber that would withstand the heat of summer and the cold of winter. He was a poor man, and debts accumulated for which he was thrown in prison (in Philadelphia). Nothing daunted, he managed to get a small forge and some tools, and worked on at this one idea. After awhile he was released, when he drove his idea with greater energy. Poverty stared himself and family in the face; still he worked on. His little girl sickened and died because of her privations. The father was so poor that he had to carry on his own shoulder to the grave the box which held the remains of his child. Time nor disaster, poverty nor want, sickness nor death, could divert him from his idea. At last success came, and he gave to the world vulcanized rubber! With success came wealth and affluence to the man; to the world a blessing that is incalculable! Baked rubber handles is only one of the outcomes of this invention, and these handles will stand *par excellent* till something better is devised. Again,

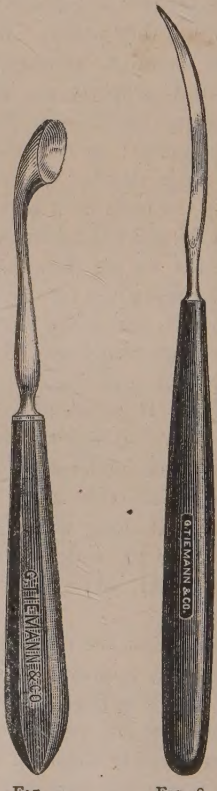

FIG. 7.

FIG. 8.

FIG. 9.

instruments that fold on the handles, as Fig. 9, are faulty, and those handles that have a

patent catch for the blade are always bad, unless, perhaps, the adjustment shown in Fig. 10

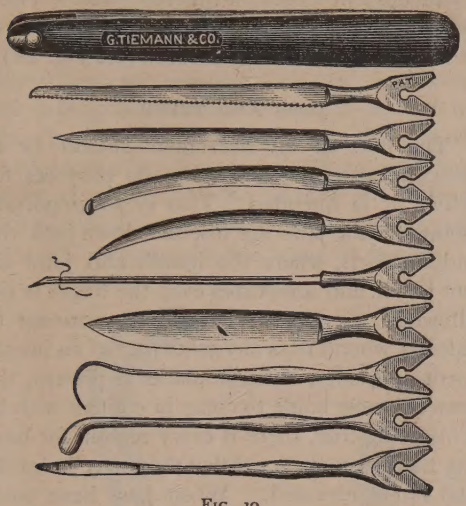

FIG. 10.

be used. This catch is easily adjusted and readily cleaned.

JOINTS.

We have not, as yet, attained perfection in joints. The old screw-joint is filthy, unsightly, and inconvenient. An instrument made with

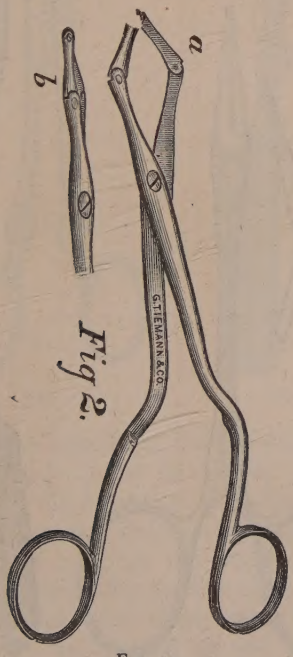

FIG. 11.

the screw-joint cannot be easily taken apart, which is necessary for cleaning. Figs. 11 and 12 represent the screw-joint with which we are all familiar. This joint cannot longer be tolerated if we wish to operate aseptically. There are three kinds of joints (besides the obstetric lock), each of which constitutes a genuine advance. First, the open or French joint, shown in Fig. 13.

This joint is a great improvement on the old screw, but, as Dr. Jones says: "The objections to it are four: (1) it is broken off by careless manipulation; (2) it is not always easily cleaned; (3) in a few weeks the blades work

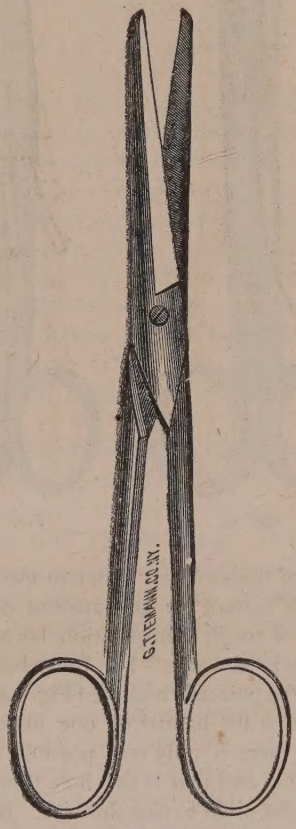

FIG. 12.

loose, so that they do not close accurately; (4) each time the blades of scissors are ground the pivot must be shortened."

The Jones joint, Fig. 14, is much better than the preceding.

The pivot is attached to a spring-lever, so that the instrument consists of three pieces which can be easily adjusted. The blades are plain, with only an opening in each to receive the pivot. To adjust an instrument, "the blades are placed together, and the pivot is passed through the opening in each blade, and

then sprung into place." In case of scissors, "the spring lever always serves to keep the cutting edges in apposition and to compensate

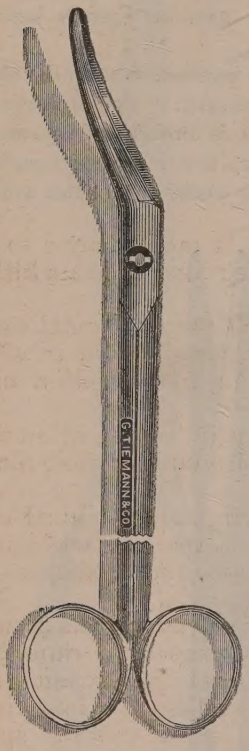

Fig. 13.

Fig. 14.

for wear of the surfaces. When properly closed, the blades cannot by any amount of careless handling or rough manipulation become separated or twisted apart. Dr. Jones has recently modified the pointed catch, **Z** (Fig. 14), to a **Y**, which grasps the handle of one blade. Thus modified, there is only one possible objection to this joint, and that is the hole through each *blade* for the pivot to pass through. But, on the whole, it is the most perfect joint there is, unless the one shown in Collins's new hæmostatic clamp forceps, Fig 15, excels it.

"This lock is simplicity itself. Attached to one blade there is a round pivot, which fits into an opening in the other blade. In order to hold the two blades in close apposition, as the forceps is closed, the male blade passes beneath a projecting arm attached to the female blade, somewhat similar to a Simpson obstetrical forceps. Its advantages are: 1. There are no crevices to hold dirt, so that it can be readily cleansed. 2. The block cannot be twisted off by clumsy nurses. 3. The blades are held firmly together, so that there is no wabbling. Messrs. Tiemann & Co. have adapted this lock to forceps and scissors of different sizes." There is still another joint presented by Dr. Jones; it is similar to the obstetric lock (see Fig. 16).*

JAWS AND TEETH.

The jaws of an instrument should be as smooth as is consistent with the purposes for which it is intended. This is an important point, for the jaws are inserted down into the hidden parts, where the handle and joint do not touch, and sometimes even the finger is not allowed; therefore, the jaws are more apt to infect a wound than any other part of an instrument. Besides, if septic matter is present, the jaws are most liable to come in contact with it. This being true, there is every reason for having them so constructed that they may be easily and surely cleansed. When jaws have teeth or ridges, the angle between the teeth or ridges should be obtuse, in order that any foreign

Fig. 15.

Fig. 16.

substance, as dirt, blood, etc., may be easily removed with a stiff nail-brush.

* You will observe that the handle in this cut is faulty.

Fig. 15 is a tolerably good illustration of how transverse ridges should be made. Fig. 17, however, is a better specimen.

I have not mentioned many little devices found about instruments, striving mainly to discuss only the essential parts, and to illustrate the principles involved by simple instruments that there may be no confusion. There is one instrument which is nearer perfection than anything of the kind on the market, which I will call particular attention to before closing, and that is G. Tiemann & Co.'s needle forceps. I

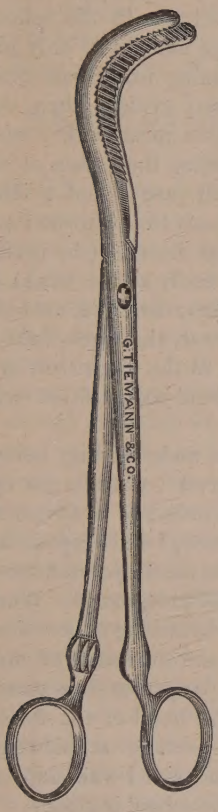

Fig 17.

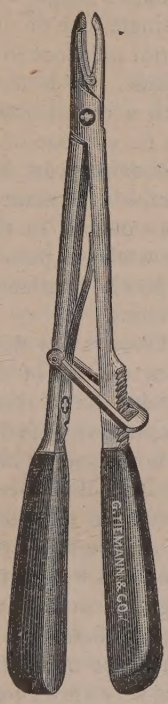

Fig. 18.

know of no instrument that is harder to make strong enough to be serviceable, and at the same time simple enough to be called aseptic. This forceps not only carries the ordinary needle, but combines the advantages of the Hagedorn needle-forceps with those of the ordinary forceps. The usual round or triangular needles are grasped by the jaws at the apex, while the flat Hagedorn needles—either straight, half or full curved—are firmly held in a rectangular or oblique position by the sliding bar on one side of the jaw, as shown in the accompanying cut. The ordinary needles are withdrawn from the tissues by the front jaws, the Hagedorn needles by the slide lever. The *hard rubber* handles, being vulcanized—baked on the steel shanks—makes that part of the instrument aseptic.

It consists of five pieces, which can be taken apart and put back together in much less time than it takes to write this sentence. In a word, it is simple, useful, and aseptic.

EPIDEMIC DISEASES AND SCHOOL CLOSING.

By J. A. De ARMOND, M.D.,
DAVENPORT, IOWA.

THE Iowa State Board of Health issued a bulletin to school-boards, principals of schools, and teachers, in which the following occurs: "Don't close the schools. By so doing a great wrong is inflicted upon the well. The children meet on the playground and intervisit, and the teachers are more apt to visit the afflicted scholar." All this refers to contagious diseases, and the ultimatum is made in these words: "The public schools should not be closed unless the sick outnumbers the well."

Somebody characterized the statements of a publication as useless from the fact that in its utterances what was new was not true, while what was true was not new. It is to be regretted that medical utterances of an official nature are too often open to this charge. Coming as this proclamation does from the Board of Health of the great State of Iowa, it naturally should carry with it a good deal of weight. It is meant to teach those whose knowledge of the contagious and infectious diseases is limited what to do in order that the least suffering and death may occur, and also that the least harm may accrue to the public school. This is clearly the object of these official bulletins. Let us see where close observation of this one will land us.

Diphtheria and scarlet fever are more or less to be found in most of the towns of this State at this time. The question of closing the schools or not during an epidemic is a disputed one, and even when the State Board of Health added its voice to the opposition the closing advocates still hold the majority by an overwhelming vote. In the settlement of this disputed point there are several things to be taken into account, and there are also several things

that are taken into account that really do not belong to the question or are not to be considered, since their importance hardly warrants the prominence they are given. Let us notice some of the points in favor of this argument.

It is said, and said truly, that at the very first announcement of the appearance of a case of diphtheria a number of patrons keep their children at home. These people are by no means the ignorant members of the community, but their action creates considerable of a panic in the school, and the classes and progress of the scholars partake in the general rupture. This is one of the bad effects of taking children out of school. It always produces confusion, interferes with the progress of the scholars, and renders thorough advancement impossible. There is in many schools a system of averaging which is atrocious, but which makes regular attendance help out poor recitations and failure examinations. The irregularity of attendance produced by an epidemic scare seriously interferes with the successful accomplishment of this form of educational now-you-see-it-and-now-you-don't hocus-pocus. Then, again, the board says that the children will intervisit and teachers will also visit sick scholars. When it is remembered that a yellow or green placard on a house has quite as terrifying effect as would the presence of a ghost, on old and young alike, it looks as if the board was close run for reasons when this was given as one. It is also averred that the welfare of the well demands a continuance of school. How? Clearly in one of two ways: either because to close school will interfere with the education of the well, or because the well, by being turned out in the open air, are more liable to contract disease. As the object of closing the school, in any event and at any time, is to limit the spread of the disease, it is clear that the second horn of the dilemma drops off early.

Now, why close the schools at all? Why close them with the State Board's consent when the sick outnumber the well? If there is any good reason for closing the schools at all, there manifestly is an excellent reason for closing them before a great number of children have been taken down with the disease. The time, manifestly, to close the schools, if at all, is when the epidemic character of the disease is declared. It would be gross carelessness to wait until half the school is gone before the doors are closed.

Why close the schools at all? Of course, if, as the State Board avers, the danger of infection and contagion is increased by children meeting on the playground and visiting at one another's homes, then school ought never be closed; but in times of severe epidemics recess might be cut off, and, for greater security, the children might be instructed to bring their dinners, so that the very greatest precaution could be taken against the deadly playground! The average school-room is not, and, from the very nature of things, cannot, be ventilated; all public-building ventilation is comparative and never perfect. Every scholar in the school-rooms must inhale a large amount of only partially-diluted breath coming from some other scholar's lungs. It is very evident, then, that a single case of diphtheria must work a wonderful influence in spreading the poison of the disease. It is not at all rare to find a child with a diphtheritic deposit in the throat, and yet for any one of several reasons (the perfect attendance scare being easily at the head) no complaint be made. When, therefore, a scholar has a deposit in the throat, the finest field in the world to place it is in the virgin soil of a a poorly-ventilated school-room filled with scholars.

One swallow does not make Spring, neither does one case of diphtheria constitute an epidemic; but if several scholars of a school are taken down with the disease, I will keep my boy at home and let him take the desperate chances the State Board sees in the playground. Whenever I am satisfied that breathing of a volume of air five miles thick and thousands of miles long and wide is more dangerous than partaking at second- or fortieth- hand of the limited supply found in the average school-room, then, but not until then, will I wait until the majority are sick and the school is closed.

But, assuming as true the theory of the Iowa State Board of Health that children out of school will meet on the playground, and the teacher will visit the sick, why is not the converse true, namely, that where an epidemic of diphtheria and scarlet fever is abroad in the land, why is not the vacation that may be on cut down and school started up again? Did you ever hear of a proceeding like that? And yet if children are more likely to get and spread these diseases when out of school, clearly the safer plan should prevail and enforced attendance be made. The same is to be said of pub-

lic meetings of all kinds. It is a fact that even now there are officers and doctors who, not having got hold of this new theory of our State Board, are closing schools and interdicting public meetings of all kinds in the belief and hope that the diseases that are carrying off dozens of children may be stayed. The fallacy of our State Board's reasoning is apparent. When you satisfy people that it is safer to breathe impure air than pure air, you will find them ready to accept the stage-coach and the cradle instead of the palace-car and the reaper. The people are poorly informed as to the theory and practice of medicine, but they will be slow to embrace a theory so opposed to human reason as this novel *ipse dixit* of the State Board.

BRIEF MEDICAL NOTES.

By A. LIVEZEY, M.D.

I HAVE "come across" a few cases "away down in Dixie" that may interest the readers of the BULLETIN:—

1. *Leucorrhœa.*—I find this a common ailment among married colored women, which is no marvel, as the penis of the negro is, as a rule, abnormally large; both male and female are very passionate and coitus is carried to excess. All women complain of their backs, and I am ever and anon consulted for these two ailments, especially by the newly married. I do not "beat around the bush" much in these cases, but plainly inform them of the probable cause, and the cause must be avoided in order to cure this or any other affection, and they must cease to assume the dorsal position six nights out of the seven per week! (That's a nice hint!)

Vaginal injections of pulverized alum, into which p. hydrastis sufficient to make it yellowish, or sulphate of zinc and hydrastis, or chlorate of potassa and hydrastis,—a teaspoonful to a pint of water of any one of these, with fl. ext. viburnum prun., or fl. ext. aletris, or combinations of viburnum, helonies, dioscorea, and aletris, in doses of 20 to 30 drops, generally suffice to cure these cases.

2. *Prolapsus with Neuralgia.*—A little boy came to me one day for some medicine for his mother, who had pain in her back; could not turn in bed, or rise up, or, when up, couldn't lie down, etc. The diagnosis or guess was severe or acute lumbago, and I sent a purge, to be followed with trs. aconiti and bryonia triturated with sac. alb. in alternation, with which medicines I often cure pure lumbago.

The next day *pater familias* came to inform me she was no better, and, with further light, I diagnosed prolapsus as the root of the mischief, and told him a visit would be necessary. Well, he "had a dray," and took me two miles through the pines to his cabin, and I found lots of little ones around about. This was a white family; parents regular Florida crackers. I requested her to assume the dorsal position, to draw her heels well up to her buttocks, and then introduced my index, pushed up the uterus, rammed in a plug of marine lint, rolled up and tied,—first saturated with a combination of astringents and tonics,—and ordered it kept saturated by small injections of the same for three days. As a "uterine tonic," gave her viburnum fl. ext. and aletris fl. ext., 2 parts of the former to 1 of the latter, 30 drops one hour after meals, and in three days I heard of her being at her father's, a mile away.

3. *Menorrhagia.*—Two cases. One thought it was probably "the change;" she was "sick" much of the time, etc. Gave her fl. ext. viburnum prun., a small teaspoonful four hours apart, or four doses *per diem.* She returned in three days to have her ten drachm vial refilled, stating she was much better, etc. I renewed the prescription twice, and she reported herself well.

The other case was similar; both stalwart negresses; ages unknown; thought they "mout be 45 to 50;" but this case was afflicted with leucorrhœa "between times," some vaginal and even abdominal tenderness and prolapsus. Yet vaginal injections, as before mentioned (or chlorate potassa, biborate soda, and hydrastis), and my viburnum friend with dioscorea (for the abdominal soreness) soon "brought her around all right."

I have had several other interesting cases, and one very distressing case—scirrhus uteri—which I am not going to cure, though the darkies are beginning to think I can cure anything. Poor souls, they are not treated well here by doctors; they are charged beyond their means of payment, and they have to suffer, and, "if it's the Lord's will, die!" In this matter I most respectfully disagree with them, believing that it is not the Lord's will that any should die, but that they die from violation of laws, want of care, medicines, and sound advice. I pity them, sympathize with them, and I am hailed on my annual return for four months as a great blessing.

ST. NICHOLAS, FLA., January, 1890.

ABSTRACTS.

A NEW THEORY OF DIABETES.—The following article by Professor Lepine was contributed to the *Lyon Médicale* and reproduced by *La Tribune Médicale*,* from whose columns it has been selected :—

The different theories of diabetes may be reduced to two : According to one, advocated by Professor Bouchard, it is supposed that the glucose of the blood is not consumed as completely as in the normal state, and the subjective sensations of cold which diabetic patients complain of would appear to suggest that this may really be the case. The second theory assumes that the excess of glucose in the blood is in relation either to an excessive supply of sugar derived from the food—alimentary diabetes, which disappears upon modification of the diet—or to a superabundant production of liver sugar. In this manner the occurrence of nervous diabetes is explained, and the good results of treatment by means of opium and antipyrin, which act as moderators, support this view ; for we have no reason to believe that those drugs are able to cause increased destruction of the sugar.

Each of these theories, then, appears to include a portion of truth. But each appears insufficient, and fails to satisfactorily explain all the varieties of diabetes,—for instance, pancreatic diabetes.

This form of diabetes, the clinical discovery of which is due especially to M. Lancereaux, really exists. In nearly every case of complete atrophy of the pancreas sugar has been found, whenever sought for, present more or less abundantly in the urine ; and within the year MM. Mering and Minkowsky have shown that complete ablation of the pancreas gives rise in the dog to a more or less severe diabetes. If a fragment of the pancreas be preserved, even without an excretory duct, and, apparently, even if it be deprived of nervous connection with the solar plexus, diabetes fails to appear.

This peculiarity proves that pancreatic diabetes does not arise in consequence of inability of the pancreatic juice to flow into the intestine. How, then, is its occurrence to be explained? MM. Mering and Minkowsky have rendered no explanation. In my opinion two hypotheses are possible.

* January 23, 1890.

We may presume that, normally, a portion of the pancreatic ferment is re absorbed,* and contributes to the destruction of glucose This theory is very probable, and receives a support from experimentation. I have bruised a pancreas and immersed it in an alkaline solution of glucose. At the end of several hours the solution was tested by M. Barral, chief of my laboratory, and it was found that the sugar had diminished in quantity. The pancreatic ferment, therefore, is not without influence upon the destruction of glucose, and consequently its absence may prevent such destruction.

The following hypothesis, though much less admissible, should nevertheless be considered :—

We know from Dubrunfaut, and especially from the more recent researches of Musculus and Gruber, that, in contact with diastase, starch is not transformed directly into glucose, but into another saccharine body—maltose. Nasse has likewise shown that the saliva and the pancreatic ferment, placed in contact with glycogen, give rise at first to a peculiar sugar, which he named ptyalose, and recognized as identical with maltose. Seegen, and, above all, Musculus and Mering, have confirmed this statement, and have given close study to the subject. The latter writer has subsequently observed that maltose, in prolonged contact with the pancreatic ferment, becomes glucose. It follows from these facts that the change from glycogen into glucose is made by several steps, and by a much more complicated process than had been thought ; and that, in order to bring about this change, the pancreatic ferment is of almost absolute necessity. If the pancreatic ferment be lacking, the hepatic sugar is converted not into normal glucose, but into a sugar which is, in a manner, strange to the economy, and which has to be eliminated by the kidney instead of serving as a combustible.†

Normally, then, the liver and pancreas in association should form the apparatus by which normal glucose is elaborated. The pancreas may be not merely a gland which delivers its secretion into the intestinal canal, but a kind of blood-vascular gland as well, throwing into its own veins, from which the portal vein in

*Diastase has certainly been detected in the urine.

† Professor Cantani has maintained for several years that the sugar of the blood in diabetics is a paraglucose and not normal glucose. But he has not supported this hypothesis upon the positive fact of the transformation of glycogen into maltose, and, in a work which he has published during this year, appears to have renounced his theory.

part arises, a ferment necessary to the liver. The destruction of seven-eighths of the pancreas is not an absolute bar to its vascular function, but total destruction prevents the formation of liver-sugar.

According to either of the two preceding theories, pancreatic diabetes is the result of lack of ferment, and, in a general way, every case of diabetes is the result of a relative lack of ferment in proportion to the quantity of hydrocarbonaceous material which has to be destroyed, having first been transformed into a perfect glucose. It is clear that if, under some nervous influence, such as irritation of the floor of the fourth ventricle, emotion, etc., the disassimilation gives origin to an excessive quantity of hydrocarbons, or if an unfit diet causes a similar surplusage, the ferment may prove relatively insufficient.*

The supposition of at least a relative lack of ferment in diabetes harmonizes, I think, the prevalent theories of the genesis of that disease, and, while borrowing whatever they possess of truth, adds to them that in which they are deficient.

In a future communication I shall give some experimental proofs of this new theory and examine the therapeutic deductions which may be made.

Bactericidal Action of White of Egg.—At the meeting, January 11, 1890, of the Biological Society of Paris, M. R. Wurtz described a series of experiments which he had performed. Small quantities of pure cultures of different organisms were sown in white of egg and exposed to a temperature of 38° C. (100.4° F.) for a determinate number of hours. The contents of the tubes were then added to ten times their weight of nutritive gelatin. The following microbes were the subject of study: Bacillus anthracis, the cholera spirillum, the bacillus of Eberth, the pyocyanic bacillus, the microbe of chicken-cholera, the staphylococcus pyogenes aureus, and the bacillus subtilis. Either the spores or the filaments of the bacillus anthracis were destroyed within an hour. Upon the other micro-organisms named the action, though less energetic, was plainly manifest. Scarcely noticeable at the end of the first hour, it gradually increased, and by the end of the sixth hour the colonies were nearly or quite destroyed.—*Le Bulletin Médical*, January 15, 1890.

Respiratory Capacity of the Tissues.—This subject has been investigated anew by M. Quinquaud, who communicated his conclusions to the Biological Society at its meeting, January 18, 1890. The question was first studied by Spallanzani, afterward by Claude Bernard and Paul Bert, but the results obtained were conflicting. This was owing to the fact that those experimenters examined non-sterilized tissues in variable atmospheres. M. Quinquaud has avoided these sources of error by employing sterilized tissues and placing them in an invariable atmosphere. His experiments, which he has often repeated, yielded the following results:—

100 grammes (1544.242 grs.)	of muscle	absorbed in 2 hours	23.3	p. ct.	oxygen.
"	" heart	" "	21.	"	"
"	" testicle	" "	16.	"	"
"	" brain	" "	12.	"	"
"	" kidney	" "	10.	"	"
"	" spleen	" "	8.	"	"
"	" lung	" "	7.5	"	"
"	" ad. tissue	" "	6.	"	"
"	" bone	" "	5.	"	"
"	" blood	" "	1.	"	"

It is seen by this table that muscular tissue absorbs the most oxygen, more even than the heart, though that is a muscular organ always in action, and the results obtained by M. Quinquaud have always been the same. On the other hand, it is remarkable that the blood, which has always hitherto been considered as absorbing a considerable quantity of oxygen, actually takes up less than any other tissue. It carries, but does not appropriate, the oxygen.

From open-air experiments M. Quinquaud has been able to construct a curve showing the absorption of oxygen according to the time that the tissues were in contact with germs. He determined that a maximum of absorption takes place immediately after death, but as the tissue becomes cold the curve sinks. Soon, however, the line rises abruptly, and the beginning of this ascent corresponds to the beginning of the putrefactive process. In a future communication, M. Quinquaud will make known the modifications which absorption undergoes in pathological states.—*La Tribune Médical*, January 23, 1890.

* It is possible that the pancreas may not be the sole source of the ferment, and that it may be partly furnished to the blood by the salivary glands. Their participation, however, must be comparatively slight.

THERAPEUTIC NOTES.

SOMNAL.

A new hypnotic is made by union of chloral, alcohol, and urethane, has the formula, $C_{17}H_{12}Cl_3O_3N$, differing in formula from chloral urethane by containing C_2H_4 additional. It melts at 42° F., and does not react with silver nitrate, and is not acted upon by acids. It is administered according to the following prescription:—

℞ Somnal, . . . 10 parts.
Distilled water, . . 45 "
Solution of liquorice or raspberry syrup, . . 20 "

M. Sig.: In tablespoonful doses (containing 2 grammes).

One-half hour after its administration a sound sleep lasting from six to eight hours is produced, without the objectionable after-effects of chloral hydrate or urethane.—*Pharm. Zig.*, 1889, 611; *American Journal of Pharmacy.*

MIGRAINE.

℞ Caffeine citrat., . . gr. xv.
Phenacetin., . . . gr. xxx.
Sacch. albi, . . . gr. xv.

M. Fiat. pulv. Dis. in capsulas no. xx.

Sig.: One capsule to be taken, in the intervals of the attacks, every two or three hours.—Dr. Hammerschlag, in *Allgemeine Med. Central-Zeitung*, No. 39.

SALVE FOR INFANTILE ECZEMA.

Delapert gives the following in the Revue de Thér. Méd. Chirurg., of September 1st:—

℞ Boric acid, . . . ℥iss.
Vaseline, . . . ℥j.
Balsam of Peru, . . gr. viij.

M. Sig.: Apply the ointment frequently to all the affected parts.—*Medical News.*

A REMEDY POR NEURALGIA WITHOUT MORPHINE.

℞ Antipyrin, . . . ℥iij.
Ex. cannabis ind.,
Ex. aconite, . . āā gr. vss.
Caffein, ... ℥ss.
Hyoscine hydrobrom., . gr. T.

M. Sig.: Divide into 30 capsules.—*Journal of the American Medical Association.*

TINCTURE OF IODINE INTERNALLY.

M. Francois Cartier, in his hospital practice, has tested the action of tincture of iodine administered internally. In 19 cases of vomiting, 11 of the patients (6 men and 5 women) were tuberculous. At an early stage of the disease iodine gave good results. In the case of 3 patients at the second and third periods, vomiting ceased from the moment it was administered. In 5 cases of advanced tuberculosis, with cavities, the vomitings continued, but were less frequent. They ceased during four to six days, and re-appeared with aggravated fits of coughing. In other cases of advanced tuberculosis the patients complained of nausea, but did not vomit. Tincture of iodine appears to be especially efficacious in cases of vomiting connected with alcoholic gastritis, simple ulcer, pregnancy, and chlorosis. It might be of service in the vomiting which sometimes accompanies the convalescent period of typhoid fever. M. Cartier concludes that iodine tincture is especially useful in cases of vomiting in patients affected with torpid and distinctly scrofulous tuberculosis. In other cases he considers that it may be useful when other remedies—milk diet, cocaine, opium, ether, etc.—have proved inefficacious.—*British Medical Journal.*

VOMITING DURING PREGNANCY.

M. Guéniot considers it advisable to resort to methodical dilatation of the cervix, even when the uterus appears normal. This should be effected with the finger, but in the case of a first delivery an aseptic *tige de laminaire* may be first applied. It is usually sufficient to enlarge the external os and the cervix, but the internal os sometimes requires dilatation. The operation should be effected gradually in four or five minutes. It is preferable to repeat it during several days rather than to employ violence. A quarter of an injection, with chloral, or the application of cocaine to the cervix, has a beneficial anæsthetic action. In the case of reflex transmission, M. Guéniot recommends sleep, which may be produced by injections of bromide (1 to 2 grains) combined with chloral. Great attention should be paid to the diet. Solid food should be completely dispensed with. Milk (diluted), light broth, or beef-tea should be given in small quantities (a teaspoonful every half hour or hour). Vals or Vichy alkaline water, in small quantities, should be the only drink given. Employed as a gargle and a drink, these waters frequently modify the symptoms. M. Guéniot considers it a great error to fear the wasting effects of a reduced diet. The principal indication is to cure the vomiting and restore the stomach, and this can only be done by observing a strict diet.—*Ibid.*

RUBIDIUM AMMONIUM BROMIDE IN EPILEPSY.

In a recent number of the Gyógyászat, Dr. Rottenbiller gives some particulars as to the effect of rubidium-ammonium-bromide. He tried it on 5 patients suffering from epilepsy whom he had had under observation for a long time. In the first stage nothing was given; in the second, the patients, on an average, received 3 grammes of the drug in the day; in the third, 6 grammes; in the fourth, none; finally, in the fifth stage, 6 grammes of bromide of potassium were exhibited in the day. The following are his conclusions: 1. Rubidium ammonium-bromide is an efficient anti-epileptic remedy. 2. In doses of from 2 to 3 grammes it has no great effect. 3. Six grammes a day act more energetically than equal doses of potassium bromide.—*Ibid.*

ANTIFEBRIN AS A HYPNOTIC FOR CHILDREN.

Dr. John Gordon, physician Aberdeen General Dispensary, writes as follows:—

Amongst the many hypnotics which at present are being so liberally supplied by the chemists to the medical profession, it is well not to lose sight of the value of antifebrin in certain groups of cases. Although the drug suggests more that its action is to hinder the development of febrile condition, or, when that condition exists, to lower the temperature; still, in many cases in my practice it has proved a valuable hypnotic and analgesic.

Its value has been most evident in cases of broncho pneumonia, croupous pneumonia, and bronchitis, and that more especially in cases where children have been the sufferers. The marked relief which has frequently followed its administration has in many cases been extremely gratifying. Cases of fretful insomnia of the young, possibly partially caused by pain, fever, or general *malaise*, have been speedily relieved by the drug, and from six to eight hours of refreshing sleep have been induced. After sleep the awakening was natural, there being no excitement nor confusion of thought. There was no period of excitement observed before the drug took effect. Along with the onset of sleep there was a fall of temperature, frequently a copious perspiration; at the same time the respiratory acts were slowed and the pulse-rate diminished. In no case have any evil effects been noticed, although the success of the drug induced its employment in a large number of cases.

The need of a safe hypnotic for children, such as antifebrin seems to be, will, I think, be readily appreciated, the number of cases where it is required being, unfortunately, very large. It is still further enhanced as a serviceable drug for children by the fact that it is comparatively tasteless, and also by the smallness of its dose, —the dose being from two to five grains, depending of course on the age of the child. A useful way of prescribing it, I have found, is to place the powder on the dorsum of the tongue, either alone or mixed with a little powdered sugar. It might also be given in the form of a mixture,—the drug being insoluble in a watery menstruum,—suspended by the aid of mucilage and sweetened by any of the various flavoring syrups. There is yet another important advantage in hospital and general practice, over many recently introduced hypnotics, in the comparative cheapness of the drug.—*Ibid.*

BRONCHITIS.

℞ Ammon. muriat., . . ʒj.
Syrup. senegæ, . . fʒss.
Tr. opii camphorat., . fʒj.
Syrup. tolutan., . . fʒss.
Aquæ gaultheriæ, . ad fʒij.

M. Sig.: Teaspoonful every two hours.—Dr. O. P. Rex, in *Archives of Pediatrics.*

STIMULATING EXPECTORANT.

℞ Potassi. iodid., . . . gr. j.
Ammon. muriat., . . gr. ij.
Vini ipecac., . . . ♏ij.
Syrup. senegæ, . . ♏x.
Tinct. opii camphorat., . gtts. ij.
Syrup acaciæ, . . gtts. xx.
Aq. menth. piperit., . ad fʒj.

M. Sig: Teaspoonful every three or four hours for a child 20 months old.—*Ibid.*

EPIDEMIC CATARRH (INFLUENZA).

℞ Pilocarpinæ hydrochlor., . gr. ss.
Morphinæ sulph., . . gr. ⅓.
Aquæ, ... fʒiij.

M. Sig.: Teaspoonful every quarter of an hour as directed.—Dr. H. C. Wood, in *University Medical Magazine.*

EXPECTORANT.

℞ Ammonii chloridi, . . ʒij
Apomorph. hydrochlor., . gr. j.
Mist. glycyrrhizæ comp.,
Syrupi, . . . āā fʒiss.

M. Sig.: Dessertspoonful every two or three hours.—*Ibid.*

INJECTION FOR LEUCORRHŒA (A. A. HENSKE).

℞ Chlorate of potash, . 30 grammes.
Tincture of opium, . 30 "
Tar-water, . . . 470 "

Two or three tablespoonfuls to a quart of water, used night and morning.—*Gaz. de Gynec.; ibid.*

LOTION FOR VALVULAR PRURITUS (PERCY).

℞ Phenic acid, . . 1 gramme 13.
Tincture of opium, 15 grammes.
Prussic acid, . 7 " 5.
Glycerin, . . 15 "
Aquæ, . . . 120 "

M.

On the other hand M. Scanlan indicates, as an excellent remedy for the same trouble, the application of a pomade with the following formula:—

℞ Cocaine hydrochlorate, 0 gramme 6.
Lanoline, . . . 30 grammes.

M. Sig.: Ointment. Apply a small quantity to the afflicted parts.—*Gaz. de Gynec.; ibid.*

FORMULA FOR CHLORALAMID.

℞ Chloralamid, . . . gr. xlv.
Acid. hydrochloric. dil., . ♏ v.
Syr. aurantii cort., . . ʒss.
Aquæ destill., . q. s. ad ʒij.

M. —*Ibid.*

ACUTE COLDS.

Dr. C. H. Stowell, of Washington, D. C., recommends in the New York Medical Journal the following:—

In the beginning of the attack the nasal mucous membrane is likely to be dry and swollen, giving the sensation of the presence of a foreign body, causing sneezing and a sense of fullness. In this early stage the abortive treatment, already alluded to, can be relied upon if local treatment be combined with it. Cocaine and antipyrin are almost specifics for this trouble. They can be used as a spray in the strength of 1 per cent. of the former with 4 per cent. of the latter. Thus:—

℞ Cocaine hydrochloride, . gr. ivss.
Antipyrin, ... gr. xviij.
Sodium bicarbonate, . . gr. v.
Water, ... ʒj.

M. Sig.: Nasal spray.

This should be sprayed thoroughly into the nares. The swollen membranes soon retract, and nasal respiration is free and easy. The spray should be repeated as often as the nares become occluded. If any nasal symptoms remain after the first twenty-four or thirty-six hours, it is better to substitute a spray with an oil for its base. Thus:—

℞ Cocain. hydrochlorid., . gr. ix.
Aquæ, ... ʒss.
Ft. solutio et adde
Olei petrolei, . . . ʒj.
Olei eucalypti, . . . gtts. vj.
Olei gaultheriæ, . . . gtts. iij.

M. Sig.: Nasal spray. Shake thoroughly before using.

This spray can be used morning and night for a few days only, or until the acute catarrhal symptoms have disappeared.

As atomizers cost money, and as they cannot be carried about readily, a powder may be substituted for both the above. Thus:—

℞ Sodii bicarb., . . . gr. ij
Magnesiæ carb. (levis), . gr. iij.
Menthol., ... gr. j.
Cocain. hydrochlorid., . gr. iv.
Sacch. lactis, . . . ʒiss.

M. Sig.: Use as snuff.

The most marked relief will follow the use of this powder, and a few applications will do much to abort the catarrhal attack. Its effects are immediate, highly agreeable to the patient, and continuous for a number of hours.

In the case of young children, where a powder or spray cannot be used to advantage an ointment can be substituted. Thus:—

℞ Cocaine hydrochloride, . gr. ix.
Anhydrated lard,
Vaseline, . . . āā ʒss.

M. Sig.: Ointment for the nose.

A small amount of this can be placed on the end of a feather and inserted into the nose.

A word concerning any objection that may be urged as to the use of cocaine in this manner: 1. The amount prescribed in each case is small; especially is this true of the powder. The prescription given above will last a patient for days—in fact, his acute catarrh will disappear before all the powder is used. 2. Neither the sprays nor the powder should be continued after the first few days of the attack. 3. They should not be prescribed for chronic catarrhal affections; for while it is true they give great relief in chronic hypertrophic conditions, yet the relief is but temporary, and their constant use may give most undesirable effects. 4. The physician should dispense his own powder, giving not over a drachm to each patient. If possible, he should dispense the sprays as well. By so doing, he will retain the power to prevent any overuse of the drug.

TREATMENT OF ASTHMA (DIEULAFOY).

If the attack is beginning, or going to begin, apply the following solution, with brush, as high up the nose as possible:—

℞ Hydrochlorate of cocaine, 1 gramme.
Distilled water, . . 20 grammes.

or else use 1 tablespoonful of the same in steam atomizer, and apply to nose and throat for four or five minutes, and often the attack is aborted.

If this does not succeed, we request the patient to inhale 6 to 12 drops of pyridine which has been dropped on a handkerchief.

If the attack is at its height, the following solution is used hypodermically:—

℞ Hydrochlorate of morphine, . . . 0.10 centigr.
Distilled water, . . 20 grammes.

Inject one-half a syringe of Pravaz; by this means we often cut short the attack. If this dose is not sufficient, a similar dose is repeated fifteen minutes afterward.—*Times and Register.*

DYSPEPSIA IN CHILDREN.

The dyspepsia of children is often the early manifestation of a neurasthenic state. M. Jules Simon considers it frequent in little girls of 6 or 8 years. His treatment is at the same time tonic, sedative, and eupeptic.

1. As tonic, insist on the general treatment: hydrotherapy, selected diet.

2. As sedative, administer before each meal, and in a quarter of a glass of water, 3 to 5 drops of the following mixture:—

℞ Tinct. of belladonna,
Elixir of paregoric, . āā 10 grammes.

After the meal, Simon gives the following powder:—

℞ Codeia, 0 gr., 002 to 0 gr. 005 milligr.
Magnesia,
Powd. lobster-eyes, āā 0 gr. 10 centigr.
Rhubarb, . . 0 gr. 05 "
Nux vomica, . . 0 gr. 01 "

3. As eupeptic, he recommends the administration before meals, in several large spoonfuls of water, to children of 7 years, 1 teaspoonful of the tincture composed as follows:—

℞ Tincture of cascarilla, . 5 grammes.
Tincture of rhubarb, . 10 "
Tr. of bitter orange-peel, . 20 "
Tincture of gentian, . 20 "
Tincture of nux vomica, . 5 "

—*L'Union Médicale du Canada; ibid.*

IODIDE OF POTASSIUM

Is the medicament *par excellence* for asthma, in doses of 1.5 to 2 grammes a day. We must commence with doses of 25 centigrammes a day, and arrive at 1 gr. 50, or 2 grammes, if the asthma persists.

To combat the diathesis we have recourse to three remedies,—iodide of potassium, belladonna, and arsenic,—given in the following manner: For about fifteen days we give 1 gramme, or, if possible, even 2 grammes of iodide of potassium, each day. Then, for a similar length of time, we prescribe belladonna in the following form:—

℞ Powd. leaves of belladonna,
Extract of belladonna, . āā 0 gr. 20.
For 20 pills. Take at first half a pill, then a pill.

At the same time we give a teaspoonful a day of the following solution after a meal:—

℞ Arseniate of soda, . 5 centigrammes.
Distilled water, . 80 grammes.

If the patient is emphysematous, we employ with success baths of compressed air.—*Bulletin Médical; ibid.*

TREATMENT OF HECTIC FEVER IN PHTHISIS (LIEBERMEISTER).

℞ Sulphate of quinia, . . 2 grammes.
Powdered digitalis leaf, . 0 gr. 5.
Extract of gentian, q. s.
For 40 pills. Take 6 to 10 a day.

—*Bulletin Médical; ibid.*

PLEURISY (ANDERS).

The treatment should consist of rest in bed, animal broths, and milk. The following febrifuge mixture should be given to a child 4 years of age:—

℞ Sp. ætheris nitrosi, . . gtts. xx.
Liq. ammon. acet., . . f℥ss.
Chloroformi, . . . gtts. ij.
Aq. menthæ vir., . q. s. ℥j.
M. One dose.
Sig.: Take every two hours. —*Ibid.*

TREATMENT OF CHAPPED HANDS.

Dr. Steffen, of Regensdorf, warmly recommends the following application for chapped hands (in farm-laborers, laundresses, etc.):—

℞ Mentholi, . . . 1.5 grammes.
Saloli, . . . 2.0 "
Olei olivarum, . . 2.0 "
Lanolini, . . . 50.0 "
M. f. unguentum.
D. S.: To rub into the hands twice daily.

Pain is said to be alleviated even after the first application; the skin soon becomes softer, fissures rapidly heal, etc.

Another good plan is that recommended by Valenta: The patient should wash her or his

hands, wipe them dry, anoint them with unguentum emoliens (cold cream), thoroughly lather them with spiritus saponalus, and remove the lather with a dry, soft towel.—*The Provincial Medical Journal.*

SYRUP FOR CUTANEOUS DISEASES.

℞ Crystallized carbolic acid, . . . 3–10 grammes.
Glycerin, . . . q. s.
Syrup of bitter orange-peel, . . . 400 grammes.

Dose: Two tablespoonfuls every day; less for infants.

This is stated to be of use for prurigo in children and prurigo in general. Eczema is benefited when dry, but seldom when acute or moist. It does not succeed in cases of psoriasis. —*L' Union Médicale; ibid.*

LARYNGITIS.

Formula from London Throat Hospital modified by Dr. Solomon Solis-Cohen:—

℞ Creasoti (beechwood), . f℥j
Ol. pini sylvestris (vel. ol. pini pumilonis vel. terebenis), . . . f℥iij.
Magnesii carbonatis levis, ℥iss.
Aquæ, . . q. s. ad f℥iij.

M. Sig.: Shake well before using. Inhalation mixture. One teaspoonful to be thrown upon a pint of steaming water at 140° F.

ACUTE CATARRHAL AFFECTIONS.

℞ Quin. salicylat., . . gr. j.
Acid arsenios., . . gr. $\frac{1}{120}$.
Ext. belladonna, . . gr. $\frac{1}{8\frac{1}{2}}$.

M. Sig.: One pill every two hours. if necessary.—Dr. Lyons, in *American Lancet.*

TREATMENT OF DIPHTHERIA.

Dr. J. S. Knox suggests the following:—

℞ Tr. ferr. chloridi, . . ℥iij.
Potass. chloratis, . . ℥j.
Acidi hydrochlor. dilut., . ♏x.
Glycerin., . q. s. ad ℥iv.

M. Sig.: Use locally with throat-brush each hour.—*Western Medical Reporter.*

ALBUMINURIA.

For a number of years I have been accustomed to prescribe the following mixture as a routine practice in albuminuria:—

℞ Potass. acetatis, . . ℥j.
Chloroformi, . . . ℥ss.
Acid. benzoic., . . ℥ss.
Aquæ, . . q. s. ad ℥viij.

M. Sig.: Half-fluidounce every four hours.

This combination has proved available, but sometimes fails, and in that case I have not found it easy to find a better. Quite recently, I was attending a 4-year-old boy with albuminuria, which appeared without any discernible cause. At intervals the anasarca became extreme, the whole body being swollen to the utmost extent, with the concomitant discomfort and suffering. Then the swelling would gradually subside, and the child become comparatively comfortable, though the albumen never entirely disappeared. When, at the height of a new attack of anasarca, the prescription given above failed to give any tangible benefit, I then substituted the following:—

℞ Potass. acetatis, . . ℥ij.
Acid. benzoic., . . gr. xx.
Sacch. lactis, . . ℥iv.
Aquæ, . . q. s. ad ℥ij.

M. Sig.: One fluidrachm every two hours.

The result was that within two days the dropsy almost completely vanished, leaving the child in excellent condition, and free from all traces of albumen in his urine. This did not prove permanent; but, in view of the difficulty of securing relief, the rapid and decided action of the lactose deserves attention.—Waugh.

PHTHISIS.

℞ Creasoti (beechwood), . ℥ss.
Syr. pruni Virginianæ, . ℥j.
Spts. frumenti, . . ad ℥ij.

M. Sig.: Teaspoonful four times a day.—Dr. Samuel Bell, in *Medical Age.*

HYDRASTININE IN UTERINE HÆMORRHAGE.

℞ Hydrastinine muriate, . . gr. xv (1 gramme).
Aq. dest., . . gtts. cl (10 grammes).

D. S.: For subcutaneous injection. Dose, ½ to 1 syringeful.

As an experimental feature, writes Dr. Falk, of Berlin, I made use in the injections of a quantity reaching up to 0.15 gramme (2¼ grains), but discovered that these large doses offer no advantage over those previously employed, representing from .05 gramme (¾ grain) to 0.1 gramme (1½ grains) of salt. It is noteworthy, however, that no bad results have been noted after the larger injection.

I may here remark that while the price of the hydrastinine is at present rather high, it should be remembered that the very moderate quantities needed—during each month not exceeding over 1 gramme (15 grains) for each patient—are not such as to preclude its employment for economical reasons.—*Therapeutic Gazette.*

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Publisher.
S. C. BERGER, Business Manager.

Philadelphia, April, 1890.

WANTED: A VENEREAL HOSPITAL IN PHILADELPHIA.

THIS city abounds with institutions dedicated to the relief of suffering, the treatment of disease, and the cure of deformities. Miserable victims of the alcohol or opium habit, or of mental alienation, the idiot, paralytic, epileptic, the hysterical girl who pretends to think that she has swallowed a pin, the woman within whose womb another life is quickening,—all these can find their appropriate haven of refuge. But where can the subject of venereal infection look for assistance?

In the first place, those who acquire this dread disease in youth are ashamed to consult the usual family attendant. Ignorance, doubt, and shame beget secrecy. Disease and danger progress for a time unchecked. When silence may no longer be maintained, the youth, misled by false and shameless advertisements, seeks some notorious charlatan. Among the obscene pests of society the advertising venereal quack is among the most detestable. He possesses but a superficial acquaintance with venereal manifestations: every sore is a chancre. He is ignorant of scientific treatment: his sole object is gain. The patient is ill treated, extortionately charged, goes generally from bad to worse, until the general health is undermined, occupation and money are gone, and he is driven to his wit's end; or, if the result be apparently more favorable, this is at the expense of future trouble. Senseless abuse of blenorrhetics or astringent injections lay the foundations of nephritis, stricture, cystitis, etc.

Desirous to escape for awhile the observation of relatives and friends, the patient next seeks admission to a hospital. He thinks that he may hide himself away and at the same time enjoy the advantages of skilled treatment. Now, there is in Philadelphia no lack of excellent general hospitals. Every quarter of the city is well supplied. But their wards are apt to be filled with cases of accident and acute illness. There is scarcely room for cases of recent venereal disease, nor, in fact, is there much desire upon the part of the management to receive such cases. Thus, the anxious unfortunate is rejected by one institution after another. As an outdoor patient of some college or dispensary clinic, it is inevitable that he receives scant individual attention. To the clinical lecturer he is "material." The clinical assistants are often hurried, sometimes curt, and, unless very watchful of themselves, insensibly fall into a dictatorial manner which may repel the patients whom the reputation of the clinic has attracted. If repelled, the place of last resort is the Almshouse Hospital. And although the surgical staff of the Philadelphia Hospital is of the best, yet the institution is no fit abode for any self-respecting individual unless constrained by the direst poverty.

These cases require rest and careful individual management. The latter they do not know how, nor can they be thoroughly taught how, to procure for themselves at home. Furthermore, sheer carelessness or stupidity is responsible for the spread of the disease to innocent members of the sufferer's family. It is horrible to think of such a mode of infection. The writer is cognizant of a case in which a young man with mucous patches of the mouth unknowingly infected his mother, grandmother, and sister with syphilis through kissing and the use of the same table utensils.

Who has not witnessed the comparative failure of appropriate treatment in gonorrhœa owing to continued bodily exertion on the part of a patient? Who has not seen an intense inflammation attend a chancroid or a chancre on account of a patient's inability to carry out the directions given? The unspeakably abominable dressings with which men swathe their genitals doubtless aggravate the lesions which they cover, while sepsis and infection are often fostered.

We need in this community a hospital devoted solely to the care and study of venereal disease in all its forms, more especially of recent origin. At once a retreat and a hos-

pital to the sufferer, such an institution might become a valuable school of special study to the practitioner and contribute to the cultivation of syphilography. It is perfectly just that general hospitals should dislike the admittance of venereal subjects. Very many could afford a few weeks' rest and payment of house fees, and would willingly avail themselves of the opportunity were such an institution in existence. The money now wasted upon quacks would suffice, perhaps, to pay the expense of a sojourn in such an establishment. Certainly, great mental distress, as well as bodily suffering, might be spared the patient. Supervision of medicine, habits, diet, etc., would be insured. Moreover, certain modes of treatment could be rendered available in a hospital which are almost out of question when the patient remains at home. Efficient bathing arrangements could be employed. Water is exceedingly valuable in the treatment of syphilis, for instance, but we cannot say that in general it enters as it should into a systematic plan of treatment. This may not be due to neglect or lack of appreciation by the practitioner, but to a knowledge that in many cases his orders cannot be obeyed owing to absence of facilities. Warm baths are of immense therapeutical advantage. They cleanse diseased surfaces, remove infectious secretions, promote the general vigor and resistance of the system, aid the effect of specific medication, and diminish the risk of visceral localization. Again, electricity could be utilized in a venereal hospital. Galvano-cauterization is effective, safe, and antiseptic in the case of chancres, chancroids, and condylomata, while the galvanic knife may well replace the bistoury in the opening of buboes. In gleet and urethral stricture the proper application of the electric current is attended with the happiest results. We are convinced that an establishment such as we are here advocating would become a very important part of the public hygiene of this city. Illicit sexual commerce is, no doubt, deplorable, but it has existed from the earliest dawn of civilization and probably will continue to exist. From a medical point of view its effects cannot be overlooked. As intimately connected with public hygiene, these effects—syphilis in particular—merit more consideration from the statesman than they have ever yet received. A notable conservation of bodily and mental energy would result to the State from a measurable limitation of the ravages of syphilis. Anglo-Saxon prudery shirks the public discussion of prostitution, and shrinks with horror at the thought of legalizing sin. Nevertheless, systematic and rigid examination of courtesans would save many a life to society, save many an innocent woman from infection, and many a child yet unborn. To legalize is not to encourage nor even to approve. The sentiment which mistakes dense ignorance for innocence unfits boys and girls to cope with temptation or to fully recognize its danger when it arrives. The great exponent of this school of thought is our acquaintance, the celebrated Mr. Podsnap. "'I don't want to know about it; I don't choose to discuss it; I don't admit it!' Mr. Podsnap had even acquired a peculiar flourish of his right arm in often clearing the world of its most difficult problems by sweeping them behind him (and, consequently, sheer away) with those words and a flushed face. For they affronted him."

THE ENCOURAGEMENT OF ORIGINAL RESAERCH.

IT affords us sincere pleasure to acknowledge the receipt, by the favor of Prof. W. Gilman Thompson, of a moderate-sized volume * containing a description of the Loomis Laboratory and original work which has been carried on within its walls. As is fit, these notes are to be published not at any stated times, but when sufficient material has accumulated.

Our readers will remember that in 1886 the munificent sum of $100,000 was contributed by an unknown donor for the establishment of a "Loomis Laboratory." A five-story, fireproof building was erected before the close of the following year. It was formally opened on February 27, 1888, although it had been occupied by classes for some time previously. Rooms are provided for work in physics, chemistry, physiology, histology, bacteriology, etc. These laboratories may be employed, upon suitable arrangement, by physicians not officially connected with the school who are

* Researches of the Loomis Laboratory of the Medical Department of the University of the City of New York, No. 1, 1890.

desirous of carrying out some train of original research. The first fruits of such work are contained in the volume before us, a copy of which may be, doubtless, obtained upon application by those of our readers who are interested in experimental physiology or medicine.

The first paper, by Prof. W. Gilman Thompson in conjunction with Dr. Sanger Brown, describes a series of experiments conducted in order to determine the relation which the occipital lobes bear to vision in the dog, cat, and monkey, respectively. The methods of testing the sense of sight in animals are dwelt upon, and the mode of operating explained. A detailed history of 26 operations follows. It was found that lesions of sufficient size and depth in the posterior part of the occipital region in cats and dogs invariably produced total blindness of the opposite eye, with no impairment of vision upon the operated side. Hence, in these animals, there is complete decussation of the optic nerves at the chiasma. In monkeys, as in man, there is incomplete decussation. Such experiments are valuable in establishing the laws of recovery and in ascertaining the exact boundaries of special centres for each species of animal. By means of such studies, closely compared with pathological examples in the human subject, the cerebral cortex has been mapped out into motor areas and cerebral surgery has become an actuality. Without these vivisections it is safe to say that the operations of Horsley, Keen, and others would never have been undertaken. Already 70 tumors have been excised from the human brain with 50 recoveries. This brief statement is a sufficient answer to the anti-vivisection cry which, from time to time, arises in England and America. Needless cruelty or waste of life should be condemned. Neither should experiments be needlessly repeated. But the abolition of vivisection would hamper physiology sadly and stay the progress of scientific surgery. In brief, human lives would be sacrificed instead of animals. An essay follows on "The Post-mortem Imbibition of Poisons and the Chemico-Legal Aspect of Embalming," by Prof. R. A. Witthaus. This is a most practical subject, and one to which our townsman, Professor Reese, has devoted much attention. The experiments of Dr. Witthaus show that arsenic is capable of penetrating every portion of the body, including the brain, within the space of fourteen days, even when the direct introduction is limited to the abdominal cavity.

Dr. J. O. Dwyer narrates a few experiments made with the view of demonstrating the mechanism by which a collapsed lung is reinflated, while its surface is freely exposed to the pressure of the atmosphere through an opening in the pleural cavity. Theoretically, the lung cannot expand under these conditions, yet clinicians know that it does so, unless it has been too long compressed. He was able to demonstrate that the operative force is a current of air suddenly driven from the sound into the compressed lung by an act of forcible expiration. Dr. W. P. Northrup has a paper upon the effect of opening the pleural cavity. This is followed by a few further observations upon the pleural cavity by Professor Thompson, while the question, Does prolonged fixation of joints produce ankylosis? has been studied by Prof. A. M. Phelps experimentally upon dogs. His conclusions, which appear revolutionary, deserve the careful attention of surgeons. The volume is concluded by an interesting paper by Dr. Henry P. Loomis upon tubercle bacilli found in the bronchial glands of non-tubercular subjects.

COMMITTEE OF DIETETICS OF THE AMERICAN MEDICAL ASSOCIATION.

FOR physicians to consider their work to be only the relief of pain by anodynes, without attention to the prime causes of disease, is to take a position which would not be sustained in other departments of life. Pain is a result of abnormal causes. When we can not find out the causes we call it neuralgia (*neuros*, nerve; *algos*, pain). In a strict sense all pain is neuralgic. No nerves, no pain. When a child is whipped the pain is the result of nursery blows. The nerves partially paralyzed manifest pain. Just so, pain is a warning of injury, of disease, of lack of, or interference with, nerve-force. Pain is a sentinel's warning to show the presence of an enemy during martial law. Now, when a sentinel gives warning of the approach of the enemy, do they go out and etherize, chloroform, or narcotize the sentinel? No, they drive off the enemy, if

they can, and then the sentinel makes no more signals. Pain is the bell-ringing and the whistle-blowing when a locomotive draws a train over a grade-crossing, and where there is danger of killing some one. Abolish all grade-crossings, and the hideous bell and more hideous whistle "can go," as on the "L" roads in New York and on all railways in England.

Now, physicians should go for the prime causes of disease. It was ethical, during the last generation, to give emetics in colic and remove the bad food, which was the predisposing cause, out of the digestive tract, just as war is gotten out of the way by one or the other of the contending parties being overcome. Good food is a friend and bad food is an enemy to man. It has, perhaps, been truly said that bad feeding causes the greater part of all the common diseases.

It is the peculiar province of the Committee of Dietetics to explain and enforce these *dicta* if they are right. No larger task is before the American Medical Association, and none more honorable. The Committee of Dietetics ought to be very popular, as more are personally interested in the outcome of their work than in all the other sections—that is, if the committee comes up anywhere near the standard they are aiming at.

We bespeak a hearty welcome and a favorable environment from the American Medical Association to this most important committee. It may be they will make some mistakes and become disheartened, perhaps, from obstacles that lie in their path, but we hope they will push on their labors with enthusiasm, sincerity, and determined purpose to take away the stigma that seems to rest on the profession when the authorities for healthful menus come from pharmacists (who some think are not fit to belong to the association) and nameless French cooks, who know very much less than the pharmacists about disease. The time is coming when no physician will be deemed worthy of graduation unless versed in the action of food as causing and curing disease.

THE ACTION OF EXPECTORANTS.

A curious and interesting controversy respecting the action of expectorants is raging in the columns of the London Lancet. Dr. Murrell, of the Westminster Hospital, recently published a book on "Winter Cough and its Treatment," in which he states that "expectorants may be divided into two classes: those which depress the heart, lessen the blood-pressure, and increase secretion, and those which stimulate the heart, increase blood-pressure, and diminish secretion." Dr. Gairdner, Professor of Medicine in the University of Glasgow and Physician to Queen Victoria in Scotland, takes exception to this view, which he describes as "an antiquated or rather superannuated doctrinal paradox," preferring his own theory, which was published many years ago in a local medical journal. Dr. Mackintosh, a graduate of the University and a member of the Council, takes up the cudgels, and, in a very caustic reply, intimates that the conduct of the learned professor is open to some criticism in endeavoring to score off another man's reputation by calling his theory curious and antiquated and his own consistent. Dr. Murrell, on the other hand, thanks Professor Gairdner for the kind and courteous manner in which he speaks of his book, but says that the theory in question is not his at all, but has been recognized from time immemorial. He regrets that he was not acquainted with the Professor's particular views, which were published more than a quarter of a century ago, and says that he is unable to procure a copy of the paper in question. Dr. Murrell, who is nothing if he is not practical, takes the opportunity of advocating the more general use of apomorphine as an expectorant, which, if administered in doses of a tenth of a grain in the syrup of tar or the syrup of wild cherry, of the United States Pharmacopœia, rarely or never gives rise to vomiting. He mentions incidentally that he has used copaiba with considerable success in the treatment of winter cough, the only objection which can be urged against its use being that in a certain percentage of cases it brings out a rash accompanied by itching of the skin, sore throat, vomiting, and diarrhœa. He also advocates the use of cubebs, a teaspoonful of the tincture being added to a cup of linseed tea, which the patient sips slowly, night and morning. The discussion is exciting some interest, and seems likely to elucidate many points of practical interest.

MEDICAL NEWS AND MISCELLANY.

THE International Medical Congress convenes in Berlin August 4th.

THE American Medical Association will meet in Nashville May 20th.

DR. THOS. F. RUMBOLD, of St. Louis, has located in San Francisco.

DR. L. S. MCMURTRY has located at No. 652 Fourth Avenue, Louisville.

THE Tennessee State Medical Society will meet in Memphis April 10th.

DR. ST. CLAIR ASH and Dr. James Ash, of Philadelphia, are traveling in Florida.

DR. HERBERT A. STARKEY, of Philadelphia, has located at Hegewisch, Chicago, Ill.

DR. LOUIS F. LOVE has been appointed visiting eye-surgeon to St. Mary's Hospital.

THE Mississippi State Medical Association will convene in Jackson, Monday, April 21st.

DR. ARTHUR B. MEIGS has been elected a trustee of the University of Pennsylvania.

THE Medical Society of the State of Pennsylvania will meet in Pittsburg June 10th.

A FRENCH Colonial Medical Congress, it is said, will meet at Marseilles during the spring.

DR. W. B. ROGERS has been appointed President of the Board of Health of Memphis, Tenn.

DR. JUDSON-DALAND has been appointed examiner of the insane cases at the Philadelphia Hospital.

THE Medico-Chirurgical Hospital of Philadelphia will be rebuilt during the spring and summer.

PROF. G. F. YEO, the physiologist of King College, London, has been appointed Emeritus Professor.

DONATION DAY.—Wednesday, March 26th, was Donation Day at the University Hospital of Philadelphia.

DR. D. E. HUGHES, of Williamsport, Pa., has been elected chief resident physician at the Philadelphia Hospital.

AN Emergency Hospital has been provided at Denver, Col., by the members of a voluntary society known as the Associated Charities.

DR. CHARLES W. YOUNGMAN, of Williamsport, has been appointed a member of the Board of Pension Examining Surgeons of that district.

DR. R. J. LEVIS, of Philadelphia, was recently married to Miss Arnett, and returned with his bride to his winter residence, Tarpon Springs, Florida.

DR. W. H. ZIEGLER, examining surgeon of the Reading Railroad Relief Association, has been appointed surgeon of the Twenty-fourth Police District.

THE examination of applicants for resident physician at the Philadelphia Hospital will be held at the Civil Service Rooms, City Hall, on April 9th, at 11 A.M.

DR. WALKER D. GREEN has been appointed surgeon of the Twentieth Police District. Dr. Green was formerly resident physician of the Pennsylvania Hospital.

DR. FRANK FERGUSON, pathologist to the New York Hospital, has been elected Professor of Pathology in the New York Post-Graduate Medical School and Hospital.

THE moralist says that "few of us can bear prosperity with calmness," but then, as few of us get a chance, there isn't much danger of exciting heart disease from that source, at least.

AT the commencement banquet of the Philadelphia Dental College, held February 26th, addresses were made by Drs. Garretson, Guilford, Montgomery, Turner, Pancoast, and others.

PROF. SAMUEL B. HOWELL, we are pained to report, is sick at Atlantic City. During his illness the chemical lectures have been delivered by his old colleague, Prof. John Reese, of the University of Pennsylvania.

DR. GEORGE W. GRIFFITHS, President of the Board of Aldermen, Louisville, Ky., and Surgeon-in-Chief of the Louisville and Nashville Railroad Company, accompanied by his wife, has been visiting Philadelphia.

DERMATOLOGICAL SOCIETY.—A Dermatological Society has been organized at Vienna. A meeting was held on February 6th, under the presidency of Professor Kaposi, and the rules of the new society were approved.

F. E. STEWART, M.D., Ph.G., has been elected Professor of Pharmacy in the Powers College of Pharmacy. He will still retain his position as Demonstrator of Materia Medica and Pharmacy in the Jefferson Medical College.

PLAYS affect the sexes differently. At a recent performance there was hardly a woman in the house whose eyes were dry, but to gauge by the men going out between acts the dryness must have left the women's eyes to get in their throats.

THE annual commencement of the Medico-Chirurgical College of Philadelphia will take place on Thursday, April 10th, at noon, in the Chestnut Street Opera House. The valedictory address will be delivered by Prof. John V. Shoemaker.

SCIATICA.—Dr. A. Hapald Myers, of Mt. Pleasant, Pa., is preparing a paper upon sciatica, and would be pleased to know the experience of physicians in treating this disease, and especially the success following from the employment of electricity.

HOSPITAL SURGEON.—The Board of Charities will soon select a surgeon to fill a vacancy upon the staff of the Philadelphia Hospital. The following surgeons have been nominated for the position: Dr. John Croskey, Dr. Max Stern, and Dr. J. M. Barton.

"SHOW me a professional athlete 40 years old," said an eminent physician, "and I will show you a man old beyond his time, with bones out of shape, muscles injured, and joints stiffened, and no one would promise him five years more of life."—*Detroit Free Press.*

UNIVERSITY OF HELSINGFORS.—The Russian University of Helsingfors will celebrate the two hundred and fiftieth anniversary of its foundation this year. It was founded at Abo in 1640, burnt down in 1820, and it was then transferred to the new capital of Finland.

PILLSBURY HOSPITAL.—George A. Pillsbury, of Minneapolis, who was for twenty-seven years a resident of Concord, N. H., has given $30,000 to the Concord Hospital Association for a new building, to be named the Margaret Pillsbury Hospital, as a memorial to his wife.

CHICAGO POLYCLINIC.—A course of nine or more lectures on "Abdominal and Pelvic Surgery," with demonstrations on dogs and cadavers, to be given at the Chicago Polyclinic by Profs. N. Senn, C. T. Parkes, Chris. Fenger, and W. T. Belfield, began March 24th.

FIBROID TUMORS OF THE UTERUS.—The Philadelphia County Medical Society have appointed a committee, consisting of Drs. Parvin, Hirst, Montgomery, Massey, and Baldy, to conduct a series of observations relative to the effect of electricity in fibroid tumors of the uterus.

AN article by Professor Huxley, entitled "On the Natural Inequality of Men," will be printed in The Popular Science Monthly for April. It deals with Rousseau's idea of the equality of men in the state of nature, with applications to the recent controversy on the land question.

IN a prehistoric cemetery, lately uncovered near Montpellier, in the south of France, among other things found and reported to the Paris Academy were two skulls, evidently belonging to the Aryan race, and some human bones that, judged from their proportions, must have belonged to a man at least 10 feet in height.

THE BERLIN CONGRESS.—Dr. Robert Newman, of No. 68 West Thirty-sixth Street, New York, has made arrangements for European tours at a great reduction of rates for physicians who wish to attend the Tenth International Medical Congress. His circular will be sent to any applicant.

WOMEN'S MEDICAL COLLEGE.—The Thirty-Eighth Annual Commencement of the Women's Medical College of Pennsylvania occurred on Thursday, March 13th, at the Academy of Music in this city. Forty graduates received their diplomas, after which the valedictory was delivered by Prof. William H. Parrish.

THE Nineteenth Congress of the German Surgical Society will be held at Berlin from April 9th to 12th. Among the subjects for discussion are "Ether and Chloroform Narcosis," which will be introduced by Dr. Kappeler, and "The Treatment of Joint and Burrowing Abscesses with Injections of Iodoform," by Dr. Bruns.

A HYDROPHOBIA REMEDY.—A dispatch from Vienna states that Dr. Bokai, a professor at Klausenburg University, claims to have discovered an absolutely certain antiseptic remedy for hydrophobia, destroying the virus at the seat of the bite. It consists of solution of chlorine, bromine, sulphurous acid, and permanganate of potash, with oil of eucalpytus.

AMERICAN MEDICAL ASSOCIATION. — The meeting, May 20th, in Nashville, promises to be one of unusual interest, especially in the presentation of papers of much scientific value. The chairman and secretaries of the various sections are unusually active in arranging good programmes for their respective gatherings.

SPRING LECTURES AT THE MEDICO-CHIRURGICAL COLLEGE.—The annual spring course of lectures, recitations, and demonstrations, at the Medico-Chirurgical College of Philadelphia, will begin on Monday, April 14th, and will continue to the middle of June. Clinical lectures, practical and laboratory instruction, and recitations will comprise the course.

DR. DORNIL, of Paris, has discovered that ice is often a medium for transmitting infectious diseases, and particularly typhoid fever. He cautions people to use artificial ice made from boiled or spring water, and condemns ice obtained from ponds or rivers liable to contamination. According to Dr. Dornil, ice obtained from bad water is as dangerous as the water itself.

DR. KRAFT-EBING, of the University of Vienna, recognized in Europe as an authority, thinks that no proper legal measure should be neglected that may combat intemperance, and that the formation of societies to counteract it should be urged. He declares that in 20 per cent. of all cases intemperance is found to be the sole or chief cause, and in 30 per cent. more one of the causes of mental disease.

CREMATION IN PARIS.—The Paris Municipality has just fixed the rates for cremation in Père-la-Chaise. There is a charge of 50 francs for each body, with leave to the family to use for five years a compartment in the chamber for the preservation of the ashes. For the ceremonial accessories the rate ranges between 12 francs and 200 francs. The mayors may allow gratuitous cremation to the poor.

DR. ALBERT E. EBERT, in a paper on "Cosmetics," shows that the public is flagrantly swindled by manufacturers of cosmetics. He gave as an instance the case of a little pot of "cream," which has a wonderful reputation on the strength of its secret formula. It is sold for $1.50, and costs 10 cents, being composed of common zinc oxide, ground in equal parts of water and glycerin, and perfumed with rose. Another well-known wash, which retailed at $18 a dozen, was shown to consist of water and calomel, which cost 66 cents per dozen to manufacture.

P. BLAKISTON, SON & CO., of Philadelphia, have recently published a new medical dictionary, by George M. Gould, A.B., M.D. It is a compact one-volume book, and contains several thousand new words and definitions, collected from recent medical literature, while the total number of words is beyond that in any similar book. It includes also elaborate and useful tables of the bacilli, leucomaines, ptomaines, micrococci, etc., of the arteries, nerves, etc., and of the mineral springs of the United States, together with other collateral information.

GRACE.—Miss Mabel Jenness, in a lecture on grace to New York ladies, said: "Correct sitting does not mean sitting stiffly upright, tiresome to yourself and to your friends as well, and demoralizing to social approachableness; neither does it mean sliding to the front of the chair to rest on your backbone, with your shoulder bent against the chair and your abdomen in prominence. Spinal columns weren't made to sit on, but to hold the body erect. In sitting, relax every muscle except the chest muscles; they must always be doing duty."

THE LAWS OF EVOLUTION.—A party of ladies and gentlemen passed a table in the Congressional Library, a day or two ago, at which a colored man was seated, deeply engrossed in a volume spread before him. His appearance was that of a field-hand in costume and general make-up, and he was as black as the ace of spades. One of the party interested in learning the book which occupied his time, discovered, by looking over his shoulder, that it was "The Laws of Evolution."

WILLIAM ROWLAND, a cart-man, recently died of phthisis at a London hospital, and when the doctors made a post-mortem they found a steel knife-blade run into his skull for an inch and broken off there. It had been there so long that the bone had healed over the spot where it had entered. The blade had passed between the convolutions of the brain, which was uninjured. The nearest incident that could account for the presence of the blade in the man's brain had occurred nine months before, when he was thrown from a wagon and had his head severely hurt.

THOUGHT IT WAS CALOMEL.—A yellow-looking fellow that had spent nearly all his life shaking with chills in the Mississippi river bottoms came to the city, and, while eating dinner at a restaurant, shook out a handful of salt and swallowed it. "You must be behind on salt," said a waiter that stood near. "That's a fact," answered the guest, smacking his mouth, "it is salt. I never seed it ground up so fine before. I have allus seed salt with grains about as big as hoss co'n. No, did'nt know this here was salt, or I wouldn't 'a' tuck so much. I 'lowed it was calomel."—*Arkansaw Traveller.*

MEDICO-CHIRURGICAL ALUMNI ASSOCIATION.—The annual meeting of the association will take place in the college arena, Cherry and Eighteenth Streets, Philadelphia, on Wednesday, April 9th, noon. The annual oration will be delivered before the association in the same place, in the evening, at 8.30 P.M., by Prof. H. Ernest Laplace, upon the subject of "Bacteriology." Medical students and the members of the profession are invited to be present. At the conclusion of the address the alumni will tender to Professor Laplace a banquet in the large public hall in the college building.

A PHYSICIAN, of New York, at a little gathering there recently, told of one of the first professional calls made by a fellow-practitioner. He was sent for by a rich but avaricious man, who had dislocated his jaw. The young surgeon promptly put the member in place.

"What is your bill, doctor?" asked the patient.

"Fifty dollars, sir."

"Great heavens!" and the man opened his mouth so wide as to dislocate his jaw a second time. The physician again put things to rights.

"What did you say your bill was?" again asked the patient.

"I said it was $50; now it is $100."

The man grumbled, but paid it.

Druggist.—"James, I wish you would be particularly careful about your prescriptions this week."

James.—"Yes, sir; I'm always as careful as possible, sir."

Druggist.—"Be especially particular not to use arsenic by mistake when you are putting up quinine pills."

James.—"I trust that my regard for human life would prevent my making such a stupid blunder."

Druggist.—"That's all very well, as far as it goes, but I see by this morning's paper that arsenic is way up, and we don't want to waste any."

POISONED BY DIGITALIS.—A dispatch from New York states that President Wilson, of the Board of Health, has ordered the arrest of Julius Scherdermandel, a clerk in a small drug-store at No. 302 Stanton Street, for selling digitalis, a poison, instead of licorice-powder, to Mrs. James McGuire by mistake, and thereby poisoning Mrs. McGuire and her niece.

Happily, the two women were relieved of most of the poison, but their lives were saved with difficulty. The younger of the two is a constitutional sufferer from heart disease. Her heart-beats ran down from over 70 to 40 in the minute. She was barely pulled through, but both women are sick yet and may never recover.

AN interesting story is told of the manner in which the celebrated Russian physician, Dr. Botkin, who has just died in the South of France, lost the intimate friendship of the late Czar, which he had possessed for many years. It appears that, through a serious illness of the present Emperor, Dr. Botkin remained day and night at the patient's bedside. Alexander II asked the doctor to choose something with which he might recompense him. Dr. Botkin replied: "Your Majesty, I do not want anything, but I beseech you to have mercy on Tchernichevsky" (the Socialist author who died a few weeks ago, and who had been banished to Siberia.) The Czar turned away without saying a word, but next day Dr. Botkin received the St. Vladimir Order and 100,000 rubles, Tchernichevsky remaining where he was.

INDIAN CORN.—Says an exchange: When Dr. Johnson, in preparing his dictionary, defined oatmeal as something on which the English fed their horses and the Scotch their men, Boswell remarked: "Yes; but what men and what horses!" An enterprising American now wants to show the Scottish people the advantages of Indian corn as a wholesome and strengthening food, and proposes to make an exhibit of it at the Edinburgh International Exhibition, which is to open on May 1st next. Cornmeal has an advantage over oatmeal in the varied methods of preparing it for the table, and in the fact that it can be used not only as food, but as an addition to the dessert. There will be an economic value in such an exhibit.

THE aptness with which a madman will turn an argument is well known. The following is an amusing instance: An inspector visiting the asylum at X., was requested by the medical superintendent to be very careful to address a certain patient as "your imperial majesty," the poor man imagining himself to be Julius Cæsar, and becoming furious if he did not receive what he considered proper respect. The inspector was careful to follow instructions, and all went well. On a subsequent visit he again addressed the patient by the same title.

"What do you mean?" was the reply. "Don't talk nonsense. I'm Plato."

"Oh!" said the inspector, "I beg your pardon, but I thought you were Julius Cæsar last year?"

"Well, yes," replied the lunatic, "so I was, but that was by another mother!"—*Hospital.*

AMONG specimens of children's essays lately published, the London Hospital cites a very pathetic one on "The Doctor" by a small boy, who eventually died of brain fever: "The doctor has seen me three times for the purpose, cuz I have headaches. My mother looks at me and cries when he's gone. I never tells mother I have headaches, except it hurts me very much. I love my mother. I wish my head was same as other boyses. Yesday I arskt Webster if he ever felt dizzy, and he said no. All boys I ask says no. What the doctor gives me makes me feel worser. But mother likes me to take it, so I don't mind. I wish I was a man, but I'd rather be a woman like mother. Doctors hav'nt niced houses. There is bottles all round and no washin. Doctors hav'nt loud voices like men you hears in the street, but their eyes are brighter. I am not so frightened of doctors as of perlice."

RECENT SAVING OF LIFE IN MICHIGAN.—In a carefully-prepared paper, read before the Sanitary Convention at Vicksburg, the proceedings of which are just published, Dr. Baker gave official statistics and evidence which he summarized as follow:—

"The record of the great saving of human life and health in Michigan in recent years is one to which, it seems to me, the State and local boards of health in Michigan can justly 'point with pride.' It is a record of the saving of over 100 lives per year from small-pox, 400 lives per year saved from death by scarlet fever, and nearly 600 lives per year saved from death by diphtheria—an aggregate of 1100 lives per year, or three lives per day saved from these three diseases! This is a record which we ask to have examined, and which we are willing to have compared with that of the man who 'made two blades of grass grow where only one grew before.'"

DEATH OF A PROMINENT SURGEON.—Dr. Henry S. Schell, of this city, died at San Diego, Cal., on Saturday, March 15th. Dr. Schell was born in Philadelphia fifty-five years ago. He was educated at the Central High School, and after graduation became professor of drawing in the institution. He entered the University of Pennsylvania and was graduated as doctor of medicine in 1857. For a time he served as resident physician in the Episcopal Hospital, and there began the study of surgery, in which he became afterward very successful. He was surgeon in St. Mary's Hospital, also one of the staff of Will's Hospital, and surgeon in the eye and ear department of the Children's Hospital.

Dr. Schell was a gentleman of fine talents, extensive reading, and great refinement. He was beloved by all of his acquaintances in the medical profession, in the army, and in social life. He was a member of the Loyal Legion, of the Union League, of the Philadelphia College of Physicians, of the Academy of Natural Sciences, and of the American Ophthalmological Society.

A SURGEON'S TRIALS.—The following is from the Jewish Chronicle: Professor Billroth, the famous Viennese surgeon, some time ago received a letter from a certain Jew in a small Russian town to come immediately and perform an operation. The professor, in his answer, stipulated for 5000 marks, which was promised him. The professor then repaired to the Russian town, and upon his arrival he was received by a number of Jews, who sorrowfully informed him that the gentleman that was to be operated upon had died and had been buried already. And seeing that the professor felt perplexed and regretted the journey which he had made in vain, the Jews comforted him, saying: "There is yet some chance for you to make some money here. There are several sick men in our hospital who would require your services, for which each of them would willingly pay you 1000 marks." The professor gladly accepted this offer, and after having performed about five operations the stipulated amount was handed to him. But a few minutes before starting for home the professor learned that he had resurrected the dead man. That worthy gentleman had been among the hospital patients cured for 1000 marks.

MUSIC AS A MEDICINE.—Dr. Ephraim Cutter, of New York, writes as follows to the editor: "Mr. Thompson, of S. Maw, Son & Thomson, London, tells a story of his son, Willie, aged 6 years, moribund with typhoid, quite insensible; abdomen tympanitic, pulse failing, and said by his physicians 'not to last the night out.' Carbolic acid was given with some good effect, while the doctor stayed up all night at the bedside, but the coma continued. Finally, the father, knowing that the boy was intensely fond of music, procured a nice large music-box. He asked his son if he would like to hear it play. No response and no sign of recognition. The music-box was set agoing. It was not long before his countenance changed and his body became uneasy. After a while he turned over on to his side. The box was put behind his back. After another tune he turned over to it, and became conscious so as to respond to questions. 'Now see here,' said Mr. Thompson, 'this is for your own use, and shall be called Willie's music-box.' The boy showed signs of pleasure and wished it kept playing. The result was reaction continued; he responded to treatment and recovered. Certainly, music was a medicine in this case."

HOW WE LOOK AT THINGS.—You and I see everything, to some extent, differently. You see things from the stand-point of your previously acquired groups of ideas; I from mine. Strictly, no two persons can see the same thing in the same way, for it can never happen that two persons have precisely the same groups of ideas relating to any subject. These depend on our past experience, on our education, on the beliefs of our times, on our various sects or parties, on our pet theories, our interests, and our desires. Here is a simple illustration. Suppose an artist and an engineer, standing side by side, overlooking a tract of country. What they perceive is the same; what they apperceive is wholly different. To the engineer the country presents itself as a possible line for a railroad, with here advantageous grades and there economic bridges. Before the artist is spread out a landscape, with light and shade and harmony of colors. Suppose, again, a plot of level ground in the suburbs of a city. A college student, riding by, apperceives it as a possible ball-ground; a young girl, as a tennis-court; a speculator, as an addition for town lots; an undertaker, perhaps, as a possible site for a cemetery.—From "The Psychology of Prejudice," by Prof. G. T. W. PATRICK, in the *Popular Science Monthly* for March.

LEPERS AT A BANQUET.—A cable dispatch from Paris to the New York Sun says: Dr. Hocquard, who recently returned from Tonking, says leprosy is increasing in that country. The lepers are kept in large settlements near the bigger towns. A while ago, a mandarin of high rank invited all the members of his family to come together to celebrate an anniversary and offer sacrifices to his ancestors. Having heard of the impending ceremony, the chief of the neighboring leper settlement went to the mandarin and asked that the rejoicing be made an occasion for giving alms to the leper village.

The mandarin brutally refused the petition, and the leper retired without a word.

After the mandarin's guests had assembled, and while they were attending the religious services in the pagoda, a crowd of the lepers left their village and installed themselves in the banquet hall. They tasted of all the viands which, according to usage, had been already prepared and placed upon the tables. When the guests returned to the hall and found all the lepers in their places they at once abandoned the repast, which they would not taste since it had been defiled by the touch of lepers. The latter, therefore, had the dinner all to themselves. For a while after that they were kept very closely confined to their village.

THE COMPOSITION AND VALUE OF COD-LIVER OIL.—Professor Gautier, the well-known chemist, communicated to the Academy of Medicine some important researches that he has made on cod-liver oil. The oil was procured from three species of cod caught off Newfoundland and off the coasts of Ireland. The fresh livers were packed in large vats, which could be heated. The first oil coming to the surface of the vat was of a whitish or greenish tint; the next drawn was more colored, and contained the elements of bile and alkaloids, which give it its special value. Tainted livers furnished a third kind of oil, fit only for industrial purposes. M. Gautier isolated six alkaloids and one acid, which could act as a base. Some of these substances were toxic, others simply stimulated nutrition. He established the great diuretic power of several of these, morrhuine and morrhuic acid in particular. Cod-liver oil acted like a fatty substance, but it is a fat easily eliminated, and which no other could replace. Moreover, it contained pyrophosphoric acid, lecithin, phosphorus combined in an organic state as in milk, yelk of eggs, legumin, in which state it could be directly utilized and assimilated by the organism. It contained iodine and bromine, which codfish find in the seaweeds they feed upon.—*London Lancet.*

EXPERT TESTIMONY ON INSANITY.—To the expert witness in cases of insanity and crime these questions should, it seems to me, be put: Was the prisoner insane at the time when he committed the act of which he is accused? Was his insanity of such a nature and degree as to deprive him of control over his conduct? What are the grounds upon which you have formed these opinions? It would then remain for the jury, aided by the judge, and with the assistance of other experts, if necessary, to decide on the validity of the grounds stated and on the weight to be attached to the opinions expressed.

Expert testimony, to be of the highest value, ought, of course, to be founded on an examination, or, better still, on repeated examinations of the accused, made as soon as possible after the perpetration of the crime. But insanity is a chronic disease; and even when the expert has not seen the alleged lunatic until some time after his crime, he may still be able to say whether in the course of a disease still existing, or of the recent existence of which there are traces, such a criminal act was likely to crop up as part and parcel of the disease; and whether it is consistent with his experience and with the history of the act that the accused could not help it.—From "Responsibility in Mental Disease," by SIR JAMES C. BROWNE, M.D., in the *Popular Science Monthly* for November.

THE ABUSE OF COFFEE.—Much has been said concerning the undoubtedly evil effects of excessive tea-drinking. Dr. F. Mendel has recently enjoyed opportunities of studying the results of an unbridled abuse of coffee, and his results are now published. The great industrial centre round Essen includes a very large female population. Whilst the women of the working classes in this country are often addicted to dosing themselves with tea that has stood too long, it appears that the workmen's wives at Essen drink coffee from morning till night. Some consume over a pound of Ceylon coffee weekly, and 1 pound contains over 64 grains of caffeine. In consequence, nervous, muscular, and circulatory disturbances are frequent. The nerve symptoms are characterized by a feeling of general weakness, depression of spirits, and aversion for labor, even in industrious subjects, with headache and insomnia. A strong dose of coffee causes the temporary disappearance of all these symptoms. The muscular symptoms consist of distinct muscular weakness and trembling of the hands, even during rest. The circulatory symptoms are marked by a small, rapid, irregular pulse and feeble impulse of the apex of the heart. Palpitations and heaviness in the præcordial region are frequent. The hands and feet feel very cold, and the complexion becomes very sallow. Dyspeptic symptoms, chiefly of the nervous type, are very common. Acne rosacea is seen in a large number of the sufferers. These coffee-drinkers cannot be cured by simple abstention from their favorite drink, with substitution of milk as a beverage. They require rest from work, open-air exercise, cold ablutions, followed by friction, and small doses of brandy. Care must be taken, especially when a large body of working-women are under the care of a medical officer, lest the first and last items of treatment do not lead to malingering.—*British Medical Journal.*

A TRIBUTE TO THE LATE DR. SAYRE.—Dr. Lewis Hall Sayre, of New York, son of the

prominent surgeon, Lewis A. Sayre, died suddenly on January 3d, at his own office, of heart failure. He had left the office on the afternoon of January 2d to see a patient in the country, telling the family he would not return until after dinner. As he was not known to have returned before the family retired, it was supposed he had missed the train, and had been detained over night.

Just after breakfast the waiter opened the office for the day, and found Dr. Sayre's body lying part way on the sofa, with the neck of his shirt torn open, as if he had felt oppressed for breath. The body was quite cold when found, and had evidently lain where it was found for some time.

An autopsy disclosed old disease of the heart and kidneys, with abundant albumen in the urine; and it was ascertained that his application for increase of life-insurance had been rejected by the medical examiner during the past year, though he had never communicated this fact to his family.

Dr. Sayre was born in New York, September 12, 1851. He was educated at the University of the City of New York, and was graduated as a physician at the Bellevue Hospital Medical College in 1876.

At the time of his death he filled the position of assistant to the chair of orthopædic surgery in this same institution, and was consulting surgeon to the Hackensac Hospital.

He was a member of the New York Academy of Medicine, Pathological Society, New York County Society, New York County and State Association, the American Orthopædic Association, and various other societies.

Although not confining himself exclusively to surgery, he was especially noted for his skill in treating diseases of the joints and curvatures of the spine, having been one of the first to advocate the free opening and antiseptic treatment of abscesses connected with diseases of the spine, which is now recognized as the proper treatment in many cases not formerly considered curable.

His inaugural thesis in 1876 dwelt exhaustively on this subject.

In 1879 he married Miss Alice Pomeroy, the daughter of Mr. W. L. Pomeroy, a well-known dry-goods merchant of New York. He leaves a widow and three children.

Dr. Sayre was well and widely known, both here and abroad, his tender, gentle disposition making for him friends wherever he went, and to those whom he treated professionally he was not only a skillful physician but a valued friend.

His professional skill made him of invaluable assistance to his father, with whom he was associated in practice, and to whom he was devotedly attached.

BOOK REVIEWS.

Essentials of Gynæcology. Questions and Answers Prepared Especially for Students of Medicine. By EDWIN B. CREAGIN, Gynæcologist to the Roosevelt Hospital, New York. Philadelphia: W. B. Sanders, 913 Walnut Street.

A useful book of reference, containing many important questions and answers. The accompanying illustrations assist in fixing in the mind many good points in the text.

A Treatise on Fractures. By ARMAND DEPRES, M.D. Physicians' Leisure Library. Geo. S. Davis, publisher. Monthly, $2.50 per year; single copies, 25 cents.

This handy volume is divided into six chapters, and includes in a brief space all the fractures of the human frame. The author has the happy faculty of being both practical and mechanical in his adaptation of fractures. Dr. Hund, who has translated the book, has succeeded in putting every sentence in a clear, simple, and readable style.

Chronic Nasal Catarrh. Three clinical lectures by GEORGE M. LEFFERTS, A.M., M.D. *Otitis Media Purulenta*, by DUDLEY REYNOLDS, M.D. *Summer Diarrhœa in Children*, by T. N. LOVE, M.D., and other contributions. Arranged and published by Lambert & Co., St. Louis.

This series of reprints is well arranged by the publisher, and places, in a permanent form, some valuable contributions of the best writers of the day.

Cocoa and its Therapeutic Application. By ANGELO MARIANI, with illustrations. New York: J. N. Janos, 1890.

Mariani, at great expense, has produced in book form a useful and valuable little work upon this important drug. The cuts and other illustrations are very good, and the history of cocoa, its physiological and therapeutic action, are well set forth. It will repay the busy physician, the writer, and even the medical teacher to examine this useful book.

Text-Book of Medical Chemistry. For Medical and Pharmaceutical Students and Practitioners. By ELIAS H. BARTLEY, B.S., M.D. Second edition, revised and enlarged, with 62 illustrations. Philadelphia: P. Blakiston, Son & Co., 1890. Cloth, pp. 423.

The second edition of this excellent work is much enlarged and improved. In Part I the author explains the different forms of electricity

in a simple and clear manner. In addition, is a thorough consideration of organic and inorganic chemistry. Dr. Bartley has given, in an appendix, an analysis of the blood, table of weights and measures, incompatibles, and a glossary of unusual names of chemical substances. As a reference-book it is valuable to practitioners, and as a text-book will be a useful companion to students.

Monthly Nursing. By A. WORCESTER, A.M., M.D. Second edition. New York: D. Appleton & Co., 1890. Cloth, pp. 250. Price, $1.25.

Good nursing is now recognized as being essential in all cases of labor. It is a most valuable adjuvant to assist the busy physician to give ease and comfort to the mother, and is often the means of preserving the life of herself and her child. The writer of this practical work points out the qualifications of nurses and the care of patients before and during confinement. He further shows how the mother should be looked after in emergencies, and the care and attention that the baby should also receive. As likewise important, Dr. Worcester teaches the reader the method of making and applying poultices and fomentation. A very readable and useful portion of the book is devoted to cooking, and various recipes are given which will be of the greatest service for physicians and nurses to examine.

Wood's Medical and Surgical Monographs. March, 1890. Monthly, $10 a year; single copies, $1. William Wood & Co., publishers, 56 and 58 Lafayette Place, New York.

The number for March contains a remarkable array of live subjects that are at this time interesting the profession. They are: "Treatment of Cancer by Electricity," by Dr. J. Inglis Parsons; the "Dreaded Revival of Leprosy," by Sir Morell Mackenzie, M.D.; "Disease of Old Age," by A. Seidel; "Urinary Neurosis of Childhood," by Dr. Louis G. Guinon; "Varicose Veins of the Lower Extremities," by William H. Bennett, F.R.C.S.; "Uses of Electrolysis in Surgery," by Dr. W. E. Steavenson. The first contribution, by Parsons, would alone be of the utmost value to the physician to examine, the writer showing the arrest of growth in cancer by the interrupted voltaic current. Several cases are cited in which this treatment was employed, and the author, in concluding the paper, adds: "A year and four months have now passed since I operated on my first case, and I am happy to say she still remains perfectly well." Leprosy is considered in a most thorough manner by Mackenzie, who gives his views upon treating this disease by recommending segregation as being the very best for the sufferers themselves.

The Popular Science Monthly for March, 1890. D. Appleton & Co., N. Y.

There are times when the physician turns from his medical books and his medical journals in the hope of finding something which will prove an agreeable relaxation and not take him too far from the confines of the medical pastures,—intellectual pabulum varying slightly from discussions on sepsis,—how produced, the best method of treating the cord, a new remedy for persistent insomnia, and the like,—which are of special interest to the recent graduate, but are, for the older practitioner, too much like those headings which caught him a year or two ago. With a desire to afford his cortical cells a recreation, he will turn, with some bright anticipations, to an article in the present issue of the Monthly, from the pen of Mrs. Armstrong, who writes attractively and energetically of "The Mission of Educated Women." She happens to be acquainted with quite a number of such, some of whom are graduates in medicine, others performing professorial duties in a college, and she takes upon herself the pleasant duty of acting the rôle of a reporter, while these aggressive members of her sex state their reasons for remaining single and ventilate their grievances against the married state. A great many doctors who have not thought much about the matter will be interested in the views here advocated. Sophie B. Herrick supplies an illustrated paper on the law of films, which may prove interesting to those who take much interest in the matter of bacteriology, although it does not bear in the least upon that subject. Professor Patrick has a paper upon the "Psychology of Prejudice," and Piderit, an illustrated article on the physiognomy of the mouth. The editor in an editorial tells how to make knowledge real.

The Neuroses of the Genito-Urinary System in the Male, with Sterility and Impotence. By Dr. R. ULTZMANN, Professor of Genito-Urinary Diseases in the University of Vienna. Translated by GARDNER W. ALLEN, M.D., Surgeon in the Genito-Urinary Department, Boston Dispensary. Philadelphia and London: F. A. Davis, publisher, 1889.

The late Dr. Ultzmann was known for his knowledge and experience upon genito-urinary organs. He was a forcible teacher and an able writer, and attracted to Vienna a large number of students, many of whom will read this book with much interest. The first portion of the work treats of the neuroses of the genito-urinary system in the male, the author dividing his subject into three well-recognized groups, as they affect sensation, emotion, and secretion. Under these respective groups Dr. Ultzmann describes the symp-

toms, pathological changes, and treatment of this important portion of the body. The adaptation of very simple but most useful instruments and applications are there pointed out, which will bring to patients relief or cure from obstinate and teasing diseases of the sexual organs. We are pleased to observe that the author used and recommended the various forms of electricity, and writes of the great value of this important agent. The second part of the work treats of sterility and impotence, subjects of the utmost value, and upon which physicians can, from this practical work, freely inform themselves. Dr. Allen, the translator, has accomplished a good work in placing before the profession in the United States the latest, the most practical, and the most useful account that has appeared of these affections of the male. This distinguished writer,—or this great surgeon,—though dead, will live on, teaching the profession the skill, knowledge, and experience of Dr. Ultzmann for many years to come.

Artificial Anæsthesia. A Manual of Anæsthetic Agents and their Employment in the Treatment of Disease. By LAWRENCE TURNBULL, M.D., PH.G., Aural Surgeon to the Jefferson Medical College Hospital, etc. Third edition, revised and enlarged, with illustrations. Cloth, pp. 531. Philadelphia: P. Blakiston, Son & Co., 1890.

Dr. Turnbull's work having now passed to a third edition, he has had ample opportunities of adding to the text and elaborating those portions which seemed to demand more attention than was at first deemed necessary. As now offered, the title, "Manual of Anæsthetic Agents," does not cover the range of the contents, as an examination will show that, in so far as these agents are concerned, the book is practically a complete treatise, including materia medica and therapeutics. This range, perhaps, is sufficiently illustrated by reference to the article on Cocaine, in which we find, along with others, the following topics considered: the cocaine habit; cocaine poisoning; its use in surgery, obstetrics, and gynæcology; in tetanus, skin diseases, stomach disorders, catarrh, hay fever, whooping-cough, together with the various uses that have been found for it in ophthalmology. Rhigolene is considered; so is boric acid, and, in fact, all of the drugs usually employed in any manner for the purpose of allaying the sensation of pain.

Reference might also be made to hydrastine, the alkaloid obtained from hydrastis canadensis. We are presented with a synopsis of its physiological action: its applicability in catarrhal, stomach, eye, ear, nose, and throat affections, and in skin diseases. The dose is given, and there is also a formula for injections in gonorrhœa and leucorrhœa; and, while all this information is much more than one would expect from the title of the book, there is none too much for the general practitioner who has the time to consult its pages. In one section of the work for example, we note that quinine, antipyrin, and antifebrin are considered together as anæsthetics and antipyretics. All through the book it will be noted that new remedies which have any bearing upon the relief of pain have been duly incorporated, and, on the whole, we have but words of commendation. What a satisfaction it must be to the author who has thus accumulated all the information upon his special branch of practice into one compact mass in the shape of a book! In closing, we have to congratulate the author upon the firm stand he has taken with respect to the chloroform question, which has attracted so much attention since the book has gone to print. Evidently, Dr. Turnbull is not very favorably impressed with the attempts that have been made to restore chloroform to a position on a level with ether as an anæsthetic, as he has said nothing in this edition relating to the first Hyderbad Chloroform Commission.

A Text-Book of Obstetrics. Including the Pathology and Therapeutics of the Puerperal State. Designed for Practitioners and Students of Medicine. By Dr. F. WINCKEL, Professor of Gynæcology, and Director of the Royal Hospital for women and of the University of Medicine in the University of Munich. Translated from the first German edition, by J. CLIFTON EDGAR, A.M., M.D., Adjunct-Professor of Obstetrics in the Medical Department of the University of the City of New York. One hundred and ninety illustrations. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street, 1890. Cloth, $6; Sheep, $7.

The author introduces the subject of midwifery in a most original form by giving a carefully-prepared historical introduction, showing how obstetrics has progressed from time to time. Three very good tables accompany the text, showing the rapid strides made in this department of medicine in the seventeenth, eighteenth, and nineteenth centuries. For teachers and medical students the addition of this historical introduction, so tersely expressed, will be of great value. Physiology and Management of Pregnancy is the opening part of the work, followed by Part II, upon Physiology and Management of Labor; Part III, the Physiology and Management of the Puerperal State; Part IV, Pathology and Therapeutics of Pregnancy; Part V, Pathology and Therapeutics of Labor; and Part VI, Obstetric Operations, most excellent chapters being given upon the respective subjects first named. Parts VII and VIII, on the Pathology and Therapeutics of the Puerperal State, and the Pathology and Therapeutics of

Diseases of the Newborn, also contain very well-written text and very many valuable suggestions to physicians, so that we here especially refer to the former. Puerperal peritonitis, included in Part VII, a disease much dreaded by the obstetrician, is described by the author in a very clear manner, the treatment being especially practical. In order, he advises in this affection, to support the organism in every way in its fight against the microbes, the maintenance of nutrition is of the greatest importance, and is to be effected by strict regulation of the main functions of the body; in the second place, by stimulating the circulation and respiration, the exchange of gases in the tissues is aided and the excretion of the products of metabolism increased. The latter object, Winckel says, is effected mainly by full, lukewarm baths. Internally, the author recommends antifebrin or antipyrin, and, when the fever has moderated and the exudation diminished, diuretics and cathartics are to be exhibited; calcined magnesia or castor-oil and small doses of calomel when constipation is present.

Dr. Edgar, the translator, has made the text read unusually well,—so attractive in some portions of the book as to be exceedingly interesting to the reader. The cuts demonstrate very accurately the different diseases and operations referred to by the author.

Practical Electricity in Medicine and Surgery, By G. A. LIEBIG, JR., PH.D., and GEORGE H. ROHE, M.D. Large 8vo, pp. viii–378, 383. Philadelphia and London: F. A. Davis, 1890.

In three parts the authors give a thorough account of Practical Electricity in Medicine and Surgery, much attention being given to illustrating the various batteries and electro-medical apparatus. In Part I electricity, magnetism, batteries, and storage electricity receive consideration, Part II being devoted to electro-physiology, electro-diagnosis, and electro-medical apparatus. The third part of the work is, to the mass of physicians, the most attractive, including the general and special electro-therapeutics. Under the latter subject the authors have justly devoted much space in the work to diseases of the female generative apparatus. In referring to the remarkable results reported from the employment of this all-powerful agent, the authors declare that it demands the attention of all progressive practitioners. In the United States and Great Britain the gynæcologists seem to be divided into two hostile forces, one having faith in the power of the electric current to correct many of the morbid conditions of the female organs, while the other denies all virtue to this remedy, or allows it standing merely in the relief of certain functional difficulties. It is worthy of remark, however, that in general, they add, the adherents of electrical treatment are those who have studied and made personal trial of it, while its opponents and contemners are men who have never investigated it fairly, or who consider it beneath the dignity of a surgeon to meddle with such gewgaws as batteries and milliampèremeters. The reader can next follow the method very easily in their vivid manner of describing electricity in many female diseases, as amenorrhœa, dysmenorrhœa, endometritis, menorrhagia and metrorrhagia, and inflammation of the uterine and peri-uterine tissues and appendages, and uterine tumors, the discussion upon the latter being exceedingly interesting and of much practical importance to the physician and surgeon. Diseases of the male genito-urinary organs next receive from the authors most careful consideration, all the recent observations upon chronic inflammation and stricture of the urethra, and hypertrophy of the prostrate gland, being especially treated of in a very clear manner. Diseases of the glands and tumors follow, with a most thorough account of the value of electricity in relieving and curing these diseases, the experiments and cures of cancer recounted by Part II being alluded to at this portion of the work. The volume is a practical dissertation upon the modern application of electricity to the cure of very many diseases.

A Text-Book on Diseases of the Eyes. By HENRY D. NOYES, A.M., M.D., Professor of Ophthalmology and Otology in Bellevue Hospital Medical College, etc. Illustrated by 6 chromo-lithographic plates, 5 plates in black, and 236 wood-engravings. New York: William Wood & Co., 1890.

Dr. Noyes, who is one of the best writers and teachers upon diseases of the eyes, has given to the profession a work that abounds in modern scientific attainments. He states in the preface that it is the outgrowth from a treatise on diseases of the eye published in December, 1881, in Wood's Library of Standard Medical Authors. Part I is considered in ten chapters, and includes the anatomy, physiology, and examination of the eye, the ophthalmoscope, glasses, accommodation and its errors, errors of refraction, binocular vision, strabismus, and asthenopia, subjects that are all admirably treated by the author, and furnish in themselves much valuable material upon which a good review could alone be made. Part II will probably be more instructive to the general practitioner, as it takes the individual diseases of the eye into consideration. General treatment of diseases of the eye, first referred to, contains both practical and useful information. Hygiene here receives marked attention from this eminent clinician and writer. "A proper understanding," he writes, "of hygiene, and of the conditions of healthy nutrition in food, clothing,

exercise and air, and occupation, is of the utmost importance in ophthalmotic treatment." Continuing, he adds: "I shall have to emphasize this repeatedly." We are also much pleased to observe that asepsis and antisepsis are likewise emphatically referred to in the text. Thus, he states, in this connection, that protection from contagion may be secured by mechanical means, such as bandages and other devices, but special regard is to be paid to asepsis and antisepsis, both in ocular pathology and in ocular surgery, "We rely more," the author continues, "on asepsis, of which cleanliness is the chief condition, than on antisepsis, when surgical operations are to be done, and reserve antisepsis for pathological conditions." Dr. Noyes then follows with a very clear statement of the use of the different antiseptics, as boracic acid ("which," he adds, "is really not antiseptic, but is soothing"), solution of corrosive sublimate (1 to 10,000), and chlorine-water. The remaining portion of this subject is devoted to hydrochlorine, resorcin, salicylic acid, benzoate of sodium, thymol, the actual cautery, iodoform, nitrate of silver, yellow oxide of mercury, acetate of lead, etc., much care being exercised by the writer to point out how these agents should be employed, and how the operator's instruments, patient's clothing, the bed as well, and the apartment, must all be thoroughly disinfected. In this same chapter Dr. Noyes discusses the question, "Shall anæsthetics be used?" demonstrating under what circumstances they should or should not be employed. Mydriatics and myotics are also, in this rich chapter on therapeutics, spoken of at length, the author pointing out those that are the most acceptable from his extensive experience. The various diseases are, in turn, treated in separate chapters, and in many instances the text contains not only much new material, but thoughts and expressions upon this important specialty that can only emanate from a master-mind. The illustrations, especially the lithographic plates, portray, as well as can be upon paper, very many diseases of the eyes.

Laparo-Hystéropexie Contre le Prolapsus Uterin (*Nouveau Traitement Chirurgical de la Chute de l'Utérus*). Par PAUL DUMORET, ancient interne, etc. Paris: E. Lecrosnier et Babé, 1889.

Laparo-Hysteropexy. A New Surgical Treatment of Prolapsus Uteri. By PAUL DUMORET, former interne, etc. Paris, 1889.

In this excellent monograph the author describes a method devised by M. Félix Terrier. The various measures which have been proposed for the relief of this unfortunate condition are, in themselves, an evidence of their inutility. Abandoning the older procedures, which had as their object the creation of an atresia of the vagina, a support of the enlarged organ from below, M. Terrier opens, under strict antiseptic precautions, the abdominal cavity, attaches the uterus to its wall, thus suspending it from above. When the womb has been exposed it is drawn toward the abdominal wound. A thick catgut thread is passed obliquely from the left side across the lips of the wound, exclusive of the skin, and passed through the peritoneum and the thickness of the uterine tissue, from left to right. The first thread is introduced at about the junction of the neck and body of the womb. After it has been drawn out upon the right side, the thread is passed through the lip of the wound upon that side, again leaving the skin intact. A second suture is inserted through the middle of the body of the uterus and a third through the fundus. Finally, the womb is raised by means of a stout silk thread, previously passed longitudinally through the summit of the organ, and the catgut threads tied, beginning with the lowest. The silk thread being withdrawn, the abdominal wound is closed by means of three silver sutures. Antiseptic dressings are employed.

Such, in brief, is a description of M. Terrier's operation. The patient is subjected, for several days, or even weeks, before the operation, to a "preparatory parieto-abdominal antisepsis," which consists of a course of alkaline baths, each being followed by a scrupulous cleaning of the abdomen with soap. The surface is then protected by a borated dressing and a thick layer of antiseptic cotton. Warm, sublimated vaginal injections are used night and morning.

The distinctive object of this operation is to fix the previously-raised uterus by its fundus and its anterior face to the abdominal wall. The sutures become, as it were, true accessory ligaments.

The abdominal wound unites by the eighth or tenth day. The patient should be kept in bed for at least a month after section, and when she rises the abdomen should be supported by a hypogastric sash.

The indications and contra-indications are carefully considered, and the proposed operation is compared in detail with the many other methods which have been or are in vogue. Hysteropexy has now, according to the author, been performed with deliberate intent in 11 cases of uterine prolapse. Of these, 8 resulted successfully, 2 were failures, while in 1 case death occurred. In addition, 14 complementary operations have been done in which fixation of the uterus to the abdominal wall (ventro-fixation, it has also been called) was not the original intention. The histories of these 25 cases are related as fully as possible.

Finally, the author concludes that laparo-hysteropexy promises, in suitably-selected cases, to be eminently successful. It is a serious, but not a grave operation.

COMMERCIAL NEWS.

AN EXPRESSION OF CONFIDENCE.

Geo. P. Rowell & Co., of New York, the publishers of the American Newspaper Directory, undertake to rate newspaper circulations very much as the mercantile agencies report the capital and credit of the business community. About one publisher in ten tells his exact issue with truthful precision. Some of the other nine decline to tell the facts because they assert that those who do tell are in the habit of lying. Rowell & Co., after an experience of more than twenty years, have come to the conclusion that this view cannot be sustained. In the twenty-second annual issue of their book, now in the binder's hands, they designate every paper that is rated in accordance with a detailed statement from the publisher; and offer to pay a hundred dollars for every instance which can be pointed out of a misstatement for which a publisher is responsible. The MEDICAL BULLETIN is one of the papers that is willing to have it known how many it prints, and whose good faith the Directory publishers will guarantee.

IN a case of Acute Neuralgic Headache I used Peacock's Bromides with complete success, and find it to be the best nerve-sedative prepared. F. F. HENWOOD, M.D.,
Thompson, Pa.

INSOMNIA OF HYSTERIA.

℞ Peacock's bromides, . . 4 oz.
Celerina (Rio), . . . 2 oz.

M. Sig.: Teaspoonful every two hours until sleep is produced.

A WANT.

The Physicians' and Dentists' Coats, advertised in the current number of THE MEDICAL BULLETIN, are remarkably well made, and are favorably mentioned by those who are using them. They are manufactured by Hirsh, Frank & Co., 31 North Third Street, Philadelphia, to whom all orders should be addressed.

PROFESSOR LOISETTE'S MEMORY SYSTEM is creating greater interest than ever in all parts of the country, and persons wishing to improve their memory should send for his prospectus, free, as advertised in another column.

A PURE COCOA.

The statement has been made on high authority that "cocoa contains as much flesh-forming matter as beef." General use has proved it a luxury for those in health and admirably adapted for the sick, and we are glad to observe its rapidly-growing popularity. By many it has been considered beyond the reach of the poor, but certainly a drink which costs less than one cent a cup, and is so nourishing to the body as well as grateful to the taste, must be regarded as cheap. Walter Baker & Co.'s Breakfast Cocoa is absolutely pure and it is soluble; no chemicals are employed in its manufacture. The preparations of this house have steadfastly maintained the highest reputation at home and abroad since its foundation in 1780.

WELL-MERITED PRAISE.

Prof. J. M. Bigelow, M.D., Albany, N. Y., attending physician at the hospital, says that he has prescribed Hayden's Viburnum Compound ten years; that it will check menorrhagia, and thinks that no physician can afford to be without it. He prescribes it for dysmenorrhœa and during pregnancy.

THE most eminent men in the profession recommend Hayden's Viburnum Compound as one of the safest and most reliable of remedies.

HOME COMFORT.

The advertisement of the C. A. Wood Co. ought to be of interest to a number of our readers—wives.

MCARTHUR'S SYRUP is mixed, like the painter's colors, with brains. See the excellent reasoning in their advertisement on page 2, and delay not in adopting the remedy in your practice.

EXTRACT PINUS CANADENSIS.

R. RHODES REED, M. R. C. S., Norfolk, England, says: I have prescribed S. H. Kennedy's Extract Pinus Canadensis as an injection (one part to six) in an obstinate case of chronic gonorrhœa, with very satisfactory results.

The discharge considerably diminished during the first week, and after a fortnight's use the patient reported himself quite well.